

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY								
Date Received: 1-25-19	Permit No.: B2019-0356							
Date Issued:) - 31 - 19	By: III							
	Payment Type:							

	Beavertone		
TYPE OF	WORK		Please check all that apply
	ration/replacement		☐ Service or feeder 400
Other:	CONSTRUCTION		or more
		accessory building	☐ Emergency system
☐ 1- and 2-family dwelling ☐ Commercial/ ☐ Multi-family ☐ Master builde		Other:	Addition of new motor load of 100HP or more
JOB SITE INFORMAT	TON AND LOCATIO	N	Six or more residential u Health-care facilities
Job no.: 1811334	0 SW Conesto	ga Dr	Hazardous locations
City/State/ZIP: Beaverton, OR 97008		3	Description
	Brainet name: Cor	nostogo MS	Residential single- or me
Suite/bldg./apt. no.:	Project name: Cor	lestoga ivio	Includes attached garag
Cross street/directions to job site:			1,000 sq. ft. or less Ea. add'l 500 sq. ft. or por
Subdivision:	Lot no.:		Limited energy, resider
Tax map/parcel no.:			(with above sq. ft.) Limited energy, multi-fa
	N OF WORK		residential (with above s
			Services or feeders insta 200 amps or less
(1) Circuit For Door Opener			201 amps to 400 amps
☐ PROPERTY OWNER		TENANT	401 amps to 600 amps
Name:			601 amps to 1,000 amps
			Over 1,000 amps or volts
Address:			Utility reconnect Temporary services or f
City/State/ZIP:			relocation 200 amps or less
Phone:	Fax:		200 amps to 400 amps
E-mail:			401 amps to 600 amps
Owner installation: This installation is being made	on property that I own	which is not intended	601 amps to 1,000 amps
sale, lease, rent, or exchange.	on property that rown	i, willow to flot intended	Branch circuits – new, a A. Fee for branch circuits
Owner signature:		Date:	above service or feede
☐ APPLICANT	□ со	NTACT PERSON	each branch circuit B. Fee for branch circuits
Business name: Global Electric, Inc.			without service or fee first branch circuit
Contact name: Dustin O'Rear		-	Each add'l branch circuit
			Miscellaneous (service
Address: PO Box 162			Each manufactured or mo dwelling, service, and/or
City/State/ZIP: North Plains OR 97133			Pump or irrigation circle
Phone: (503) 647-5650	Fax: (503) 647	-5649	Sign or outline lighting Signal circuit(s) or limited
E-mail: dorear@globalelectricusa.com	 1		panel, alteration, or
CONTRA			extension. Describe:
Business name: Global Electric, Inc.		a a	Each additional inspect
Address: PO Box 162			above
City/State/ZIP: North Plains OR 97133			Per inspection
	For (502) 647	7-5640	Investigation fee
Phone: (503) 647-5650	Fax: (503) 647		Other: Electrical permit fees
E-mail: dorear@globalelectricusa.com	CCB lic. no.: 15	56838	
Electrical lic. no.: 34-655C	City or metro lic.:	7747	Plan revi
Supervising electrician signature, required:			State surchar
Print name: Justin Spiering		Date: 1/25//	1
Authorized signature:			This permit application
		Date:	* Number of inspections allow
Print name:		Daile.	Form B70-1002

	REVIEW			250			
Please check all that apply:			r over 600 amp	os			
☐ Service or feeder 400amps or more	☐ Building over three stories ☐ Marinas and boatyards						
Fire pump	☐ Floating buildings						
☐ Emergency system	Commercial-use agricultural						
☐ Addition of new motor	buildings						
load of 100HP or more			0 KVA or large	r			
Six or more residential units		rately derive					
☐ Health-care facilities ☐ Hazardous locations			occupancy chicle parks				
	CHEDUL		stilote parks	1200			
Description	Qty.	Fee	Total				
Residential single- or multi-fam		120 (03.70%)	Total	1-11/5-			
Includes attached garage	iny uwen	ing unit					
1,000 sq. ft. or less	1	194.64		4			
Ea. add'l 500 sq. ft. or portion	-	34.77					
Limited energy, residential				-			
(with above sq. ft.)		46.42		2			
Limited energy, multi-family		91.72		2			
residential (with above sq. ft.)				_			
Services or feeders installation	, alterati		relocation				
200 amps or less		115.83		2			
201 amps to 400 amps		137.89		2			
401 amps to 600 amps		229.34		2			
601 amps to 1,000 amps		299.93		2			
Over 1,000 amps or volts	_	690.22		2			
		91.72		1			
Utility reconnect Temporary services or feeders	inetallat		tion and/or				
relocation	Ilistaliai	ion, antera	ition, and/or				
200 amps or less		91.72		2			
201 amps to 400 amps		127.41		2			
	-	184.11		2			
401 amps to 600 amps	_	225.29		2			
601 amps to 1,000 amps							
Branch circuits - new, alteration	on, or ex	tension, p	er panei				
A. Fee for branch circuits with above service or feeder fee,		4.26		2			
each branch circuit		7.20		_			
B. Fee for branch circuits		04.44	04.44	_			
without service or feeder fee	. 1	81.14	81.14	2			
first branch circuit Each add'l branch circuit		4.26					
				000000			
Miscellaneous (service or feed	er not in	ciuaea)		1523			
Each manufactured or modular dwelling, service, and/or feeder		91.72		2			
Pump or irrigation circle		91.72		2			
	1	91.72		2			
Sign or outline lighting	,	31.72		-			
Signal circuit(s) or limited-energy panel, alteration, or		04.70		,			
extension. Describe:		91.72		2			
		-		_			
Each additional inspection							
over allowable in any of the							
above	ar a			_			
Per inspection		81.14					
Investigation fee							
Other:							
Electrical permit fees							
	BTOTAL		Ω	1.14			
		· · · · · · · · · · · · · · · · · · ·					
Plan review (25	% of pe	rmit fee)	2	0.29			
State surcharge (12	% of no	rmit fee)		9.74			
TOTA	L PERI	WIT FEE	\$9	0.88			

n expires if a permit is not obtained within it has been accepted as complete owed per permit.

REV 10/17 Form B70-1002

82019-0464 Residential Electrical Authorization To Begin Work

05350-BEL-19-00096

Approval Code: 005813 1/31/2019 8:51 am

E-mailed To: donwilsue4@aol.com

City Of Be	averton
12725 SW Mi	likan Way



Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Phone: 503-526-2542

Phone: 503-526-2542

Phone: 503-526-2542

TYPE OF WORK
New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 12015 SW WALDEN LN
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: Redwood Creek Apt.
Cross Street/directions to job site: Storage bld Community area
Tax map/parcel no.: 1S1270000208
DESCRIPTION OF WORK
Installing circuits for lighting and general use outlets
APPLICANT
Name: chris Riehle
Phone: 5037991639 Fax:
Phone: 5037991639 Fax: Email:
Email:
Email: CONTRACTOR
Email: CONTRACTOR Elec lic. no.: C427 CCB lic. no.: 95163
Email: CONTRACTOR Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC
Email: CONTRACTOR Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact:
Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact: Address: 16037 SW BOWMAN LN
Email: CONTRACTOR Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact: Address: 16037 SW BOWMAN LN City/State/ZIP: SHERWOOD, OR 97140
Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact: Address: 16037 SW BOWMAN LN City/State/ZIP: SHERWOOD, OR 97140 Phone: 5037991639 Fax:
Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact: Address: 16037 SW BOWMAN LN City/State/ZIP: SHERWOOD, OR 97140 Phone: 5037991639 Fax: Email: donwilsue4@aol.com
Elec IIc. no.: C427 CCB IIc. no.: 95163 Business Name: QUALITY PLUS FRAMING & ELECTRICAL INC Contact: Address: 16037 SW BOWMAN LN City/State/ZIP: SHERWOOD, OR 97140 Phone: 5037991639 Fax: Email: donwilsue4@aol.com Metro IIc. no.: City IIc. no.:

							Jurisdiction,				be	e-mailed	or	faxe
vithin	ithin one business day, with instructions on how to schedule your inspection.													

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Please check all that apply:		Hazard	dous location	s			
A service or feeder beginning at 400 Amps where the	A service or feeder rated at 600 amps or more						
available fault current exceeds 10,000 Amps at 150 Volts or		Buildin	igs more thai	n three stor			
less to ground exceeds 14,000 Amps for all other	_		is and boat y	ards			
14,000 Amps for all other	=		ıg buildings				
Fire pumps	-	Comm buildin	ercial-use ag gs	pricultural			
Emergency systems		,	ation of a 150				
Addition of a new motor load of 100 HP or more		•	seperately d				
Six or more residential units in one structure		"A", "E", or "I-2" or "I-3" Recreational Vehicle Par					
Health care facilities	Supply voltage for more than 600 supply volts nominal						
FEE SC	CHED	ULE					
Description		Qty.	Ea.	Total			
Branch circuits							
Branch circuits without service or feeder		1	\$81.14	\$81.1			
Branch circuits each additional circuit without service		9	\$4.26	\$38.3			
Electrical Permit Fees							
Subtotal				\$119.4			
State surcharge (12% of permit lotal)				\$14.3			
			1	\$133.8			



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 Beaverton Oregon.gov

OFFICE USE ONLY							
Date Received: [3]	Permit No.:132019-0462						
Date Issued:	Ву;						
	Paymont Type:						

	TYPE	OF WORK	
☑ New construction	LI Addition/a	iteration/replace	ement
	CATEGORY C	E CONSTRUC	TION
☐ 1- and 2-family dwelling	☑ Commerc		☐ Accessory building
☐ Multi-family	☐ Master bu	llder	Other:
The second secon	JOB SITE INFORM	Manager	OCATION
Job no.:	Job address: 600	00 SW Hall	
City/State/ZIP: Beaver	on, OR 97008		
Suite/bidg./apt. no.;	1	Project nam	e: 7-11 #18950
Cross street/directions to job	site:		
Subdivision:		Lot no.:	
Tax map/parcel no,;			
	DESCRIPTI	ON OF WORK	
	Sign C	ircuit	
PROPERTY	OWNER	1 gr. a. 1. 1.	X TENANT
Name: 7-11 #18950	the state of the s	17	(A) TENANT
Address: 6000 SW Hall	Blvd		
City/State/ZIP: Beaverton			
Phone:	,	Fax:	
E-mail:			
Owner installation: This instal	liation le boine mado	on was act that	t I own, which is not intended for
sale, lease, fent, or exchange.	merioti is pania utada	on property that	t r own, which is not intended for
Owner signature;			Date;
XI APPLICA		(S	CONTACT PERSON
Business namo: Hannah	1 1		
Contact name: Dave Lan	1		
Address: 1660 SW Bert			
City/State/ZIP: Portland, C	DR 97219		
Phone: (503) 946-8373		Fax: (503)	206-4900
E-mall: davel@hannahs	ignsystems.co	m	
	CONTRA	CTOR	
Business name: Hannah		,	
Address: 1660 SW Berti			
City/State/ZIP: Portland, (DR 97219		
Phone: (503) 946-8373		Fax: (503) 2	206-4900
E-mail: davel@hannahs	signsystems 🙃	CCB lic. no.;	203638
Electrical lic. no.: CLS34	-	City or metro lic	o.: 11533
Supervising electrician algnature, required:	en)	
Print name: Dave Remut	h		Date: 1/31/19
Authorized signature			
Print pame: Dave Lanphe	ere	,	Paris 1/21/19

		Payr	nont Ty	/pe:		
-						
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PLAN	I REV	IEW		
1	Please check all that apply	! :		Service or fee	der over 600	amos
1	Service or feeder 400a	mps	□ F:	Building ove	r three storie	s
-	or more			farinas and	boatverds	_
	Fire pump		/□ F	loating bull	dings	
٣	☐ Emergency system			ommercial	use agricultu	iral
1	☐ Addition of new motor			ulidings	woo ngi itajitt	1101
	load of 100HP or more				150 KVA or la	mer
7	Six or more residential un	rite			rived system	·9
4.	☐ Health-care facilities				1-3" occupano	V
1	☐ Hazardous locations				vehicle park	
	: · · · · · · · · · · · · · · · · · · ·	EES	CHED	JLE .	- Laid . A.	·. ···
1	Description		Qt			
1			- CHIS	, 1.00	Total	
	Residential single- or mul	ti fan	fily dw	elling unit	(/44.155 /	21.
1	marades directived Sarabe	-	100	August Sant	But the state of the	
l I	1,000 sq. ft. or less			194.6	4	4
	Ea, add'l 500 ag, ft. or portion	n		34.77	-	_
1	Limited energy, residenti		-		_	_
1	(with above sq. ft.)	CI)		46.42	!	2
l	Limited energy, multi-fami	lly		-	-	+
1	residential (with above sq.	(f).))	91.72		2
1	Services or feeders install	ation	olfors	elan acidu	SE PATRICIPATION	
1		ation	3. 415016		The second second	
- 1	200 amps or less			115.83	3	2
	201 amps to 400 amps			137.89		2
ľ	401 amps to 600 amps			229.34		_
}			-			2
L	601 amps to 1,000 amps			299.93		2
- 1	Over 1,000 amps or volts	7.0	1 .	690.22		2
ı	Utility reconnect	-		91.72		-
H		J '	74-11	01.72		1
	Temporary aervices or fee relocation					r.
۴	The second secon		خننت	1 04 70	<u> </u>	
-	200 amps or loss			91.72		_2
	201 amps to 400 amps		}	127,41]	2
1	401 amps to 600 amps		—	184.11		2
-			 	77		-
1	601 amps to 1,000 amps			225.29		2
	Branch circuits - new, alte	ration	i, or ex	tenalon, p	er panel	٠
Γ	A. Fee for branch circuits with	11		1		<u> </u>
	above service or feeder fe	Θ,	1	4.26		2
L	each branch circuit					\ ~
Γ	B, Fee for branch circuits					
1	without service or feeder	fee,	1	81.14		2
L	first branch circuit					
	Each add'I branch circult			4.26		
_	Miscellaneous (service or fe				- 10 No. 1	<u></u>
			not in	1"		1
	Each manufactured or moduli dwelling, service, and/or feed			91.72		2
		er				-
-	Pump or irrigation circle			91.72		2
1	Sign or outline lighting			91.72		2
	Signal circuit(a) or limited-ene	rav				
1	panel, alteration, or	,		04.70	i	
1	extension. Describo:	ĺ		91.72		2
L	Strategies de Contrata de Cont					
	ach additional inspection	: "		"-"		
1 6	ver allowable in any of the	1		1		
1 8	bove	` `			ł	- 1
_		ا ند				
LF	er inapection			81.14		
1	nvestigation fee					
_	Othor:	-		-		
_			-			
: E	lectrical permit fees		T			
	9	UBTO	TAI			.00
		-				,. ŲŲ
	Plan review (2	25%	of pen	nit fee)		
	Ol-1-					-
	State surcharge (1	2% (of pen	nit fee)	0	.00
	TOT	'ΔΙ Ε	PERM	IT FEE	φ <u>φ</u>	ΔΔ
	101	II FEE	_ \$Q	.00		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit, Form 870-1002 REV 10/17

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work 05350-BEL-19-00095

Approval Code: 09865G 1/30/2019 4:23 pm

E-mailed To: leon.ldelectric@gmail.com

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
c,	ATEGORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB S	ITE INFORMATION AND LOCATION
Job Address: 11057 SW A	DELE DR
City/State/ZIP: BEAVERTO	N, OR 97225
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to j	ob site:
Tax map/parcel no.: 1S	103AA00900
	DESCRIPTION OF WORK
electrical wiring for bathroon	n remodel
	APPLICANT
Name: Leon Doja	
Phone: 5032606555	Fax: 5036581681
Email:	
	CONTRACTOR
Elec lic. no.: 26-1078C	CCB lic. no.: 165117
Business Name: L D ELEC	TRIC LLC
Contact:	
Address: PO BOX 642	
City/State/ZIP: CLACKAMA	S, OR 97015
Phone: 5032606555	Fax: 5036581681
Email: leon.ldelectric@gma	il.com
Metro lic. no.:	City lic. no.:
Supervising Electrician's li	c, no.:
Supervising Electrician's N	lame:
Number of inspections incl Residential Service: Reconnect Only: All Other Services:	luded in paid services: 4 1 2

Jpon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxe
vithin	one bus	iness	day, with i	nstr	ections	on ho	w to schedule	your i	nspectio	ค.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Please check all that apply:	☐ Haz	ardous location	าร					
A service or feeder beginning at 400 Amps where the	A service or feeder rated at 600 amps or more							
available fault current exceeds 10,000 Amps at 150 Volts or	☐ Buil	dings more tha	n three stor					
less to ground exceeds	☐ Mai	inas and boat	yards					
14,000 Amps for all other	=	ating buildings						
Fire pumps		nmercial-use a dings	gricultural					
Emergency systems	1	allation of a 15						
Addition of a new motor load of 100 HP or more		larger seperately derived sys						
Six or more residential units in one structure		"E", or "l-2" or creational Vehic						
Health care facilities	Supply voltage for more than 600 supply volts nominal							
FEE SC	CHEDUL	E						
Description	Qty	. Ea.	Total					
Branch circuits								
Branch circuits without service or feeder	1	\$81.14	\$81.1					
Branch circuits each additional circuit without service	1	\$4.26	\$4.2					
Electrical Permit Fees								
Subtotal			\$85.4					
State surcharge (12% of permit total)			\$10.2					
TOTAL PERMIT FEE			\$95.6					

B2019-0457 Residential Electrical Authorization To Begin Work

05350-BEL-19-00093

Approval Code: 08716S 1/30/2019 12:19 pm

E-mailed To: mikeselectric@mikeselectric.biz

City Of Beaverton

Beaverton, OR 97076

Beaverton Phone: 503-526-2542

N Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

TYPE OF WORK
New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 8625 SW GAYLE LN
City/State/ZIP: BEAVERTON, OR 97225
Suite/bldg./apt.no.:
Project Name: DICKINSON
Cross Street/directions to job site:
Tax map/parcel no.: 1S111AA00400
DESCRIPTION OF WORK
GROUNDING, RECEPTACLE REPLACEMENT, GFCI'S TO CODE, MASTER BATHROOM FAN, SMOKE & CARBON MONOXIDE DETECTORS & EXT. LIGHT FIXTURES
APPLICANT
Name: Darryl Mollenhauer
Phone: 5036496991 Fax: 5032967860
Email:
CONTRACTOR
Elec IIc. no.: C643 CCB IIc. no.: 191094
Business Name: MOLLENHAUER ENTERPRISES INC
Contact:
Address: 11070 SW ALLEN BLVD
City/State/ZIP: BEAVERTON, OR 97005
Phone: 5036496991 Fax: 5036411902
Email: mikeselectric@mikeselectric.biz
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of Inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN I	REV	IEW								
Please check all that apply:		Hazard	lous locatio	ns						
A service or feeder beginning at 400 Amps where the		A service or feeder rated at 600 amps or more								
available fault current exceeds 10,000 Amps at 150 Volts or		Buildin	gs more tha	n three stor						
less to ground exceeds 14,000 Amps for all other			s and boat	yards						
_			g buildings ercial-use a	aricultural						
Fire pumps	1	buildin								
Emergency systems			ition of a 15							
Addition of a new motor load of 100 HP or more	г		seperately on ". or "I-2" or	•						
Six or more residential units in one structure			tional Vehi							
Health care facilities	Supply voltage for more than 600 supply volts nominal									
FEE SC	HEI	DULE								
Description		Qty.	Ea.	Total						
Services or feeders										
Services 200 amps or less		1	\$115.83	\$115.83						
Branch circuits				1000						
Branch circuits with service or feeder each circuit		3	\$4.26	\$12.78						
Electrical Permit Fees				648 (6.5)						
Subtotal				\$128.61						
State surcharge (12% of permit total)				\$15.43						
TOTAL PERMIT FEE				\$144.04						
				<u> </u>						

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov



05350-BEL-19-00091 Approval Code: 210313 1/30/2019 10:31 am

E-mailed To: kandice@nwsteele.com

PLAN	REVIEW							
Please check all that apply:	Hazard	lous locations	3					
A service or feeder beginning at 400 Amps where the	-	ce or feeder inps or more						
available fault current exceeds 10,000 Amps at 150 Volts or	☐ Buildin	gs more than	three stor					
less to ground exceeds 14,000 Amps for all other	=	s and boat ya	ards					
14,000 Amps for all other	=	g buildings						
Fire pumps		Commercial-use agricu buildings						
Emergency systems		Installation of a 150 KVA or larger seperately derived sys "A". "E", or "I-2" or "I-3"						
Addition of a new motor load of 100 HP or more	_ *							
Six or more residential units in one structure Health care facilities		Recreational Vehicle Parks						
		voltage for n						
FEE S	CHEDULE							
Description	Qty.	Ea.	Total					
Services or feeders								
Services 200 amps or less	1	\$115.83	\$115.83					
Electrical Permit Fees								
Subtotal			\$115.83					
State surcharge (12% of permit total)			\$13.90					
TOTAL PERMIT FEE			\$129.73					

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
Ç	CATEGORY OF CONSTRUCTION
1 or 2 family dwelling	☐ Multi-family ☒ Commercial ☐ Accessory
JOB -	SITE INFORMATION AND LOCATION
Job Address: 7857 SW C	IRRUS DR
City/State/ZIP: BEAVERTO	DN, OR 97008
Suite/bldg./apt.no.:	
Project Name: 170910 24/	Α
Cross Street/directions to	job site:
Tax map/parcel no.: 1	S122DD00300
	DESCRIPTION OF WORK
Panel Replacement	•
	APPLICANT
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
Email:	
	CONTRACTOR
Elec lic. no.: C489	CCB lic. no.: 186140
Business Name: STEELE	ELECTRIC LLC
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST G	ROVE, OR 97116
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	1
Metro lic. no.:	City lic. no.:
Supervising Electrician's	lic. no.;
Supervising Electrician's	Name:
Number of inspections in Residential Service: Reconnect Only: All Other Services:	ciuded in paid services: 4 1 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Phone: 503-526-2542

R E G O N Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00092

Approval Code: 210364 1/30/2019 10:46 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK
New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family X Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 7857 SW CIRRUS DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 24B
Cross Street/directions to job site:
Tax map/parcel no.: 1S122DD00300
DESCRIPTION OF WORK
Panel Replacement
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name; STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1

Upon	review	and	approval	by	your	local	jurisdiction	your	permit	will	be	e-mailed	ŌΓ	faxe
within	one bus	iness	day, with i	nstru	uctions	on ho	w to schedule	your i	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

All Other Services:

PLAN F	REV	IEW							
Please check all that apply:		Hazaro	lous locatio	ns					
A service or feeder beginning at 400 Amps where the		A service or feeder rated at 600 amps or more							
available fault current exceeds 10,000 Amps at 150 Volts or		Buildings more than three stor							
less to ground exceeds		Marina	s and boat	yards					
14,000 Amps for all other		Floatin	g buildings						
Fire pumps		Comm building	ercial-use a gs	gricultural					
Emergency systems			ition of a 15						
Addition of a new motor load of 100 HP or more		•	seperately of	· 1					
Six or more residential units in		"A", "E", or "I-2" or "I-3"							
one structure			itional Vehi						
Health care facilities			voltage for pply volts n						
FEE SC	HEC	ULE							
Description		Qty.	Ea.	Total					
Services or feeders									
Services 200 amps or less		1	\$115.83	\$115.83					
Electrical Permit Fees			0.000						
Subtotal				\$1 15.83					
State surcharge (12% of permit total)				\$13.90					
TOTAL PERMIT FEE				\$129.73					



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD

OFFIC	EUSEONLY
Date Received: 1-12-18	Permit No.: B 2018-0191
Date Issued:	BU
1130 30 19	Payment Type:

	Beaverton Oregon.gov	L							
TY	PE OF WORK				PLAN	REVIE	VV		
New construction	n/alteration/replacement		\dashv \mid	Please check all that apply			vice or fee		
☐ Other:				Service or feeder 400a or more		Bui	Iding ove	r three s	tories
CATEGORY	OF CONSTRUCTION		\neg	☐ Fire pump			rinas and ating buil		ds
1- and 2-family dwelling Comme	ercial/industrial		\dashv	☐ Emergency system		☐ Cor	nmercial		icultura
☐ Multi-family ☐ Master				☐ Addition of new motor load of 100HP or more	- 1	buil	dings	50	
	RMATION AND LOCATION		\dashv	Six or more residential un		☐ Inst	allation of arately de	150 KVA rived svs	or large tem
	2 ald		\dashv [☐ Health-care facilities		□ "A,"	"E," "I-2,"	"I-3" occu	pancy
Job no.: Job address:	2016 Sw Bahy !	SK	11	☐ Hazardous locations			rėational	vehicle.	parks
City/State/ZIP: Beaver on	col.		7 -	Page 1	EE SC	HEDUI Qty.	-E Fee		4-1
Suite/bldg./apt. no.:	1 1 1 1 1 1	wenne		Residential single- or mul Includes attached garage	ti-fami				otal
Cross street/directions to job site:	Lombard Agre		71	1,000 sq. ft. or less		1	194.64	T	
	117		$\dashv \vdash$	Ea. add'l 500 sq. ft. or portion	on	2	34.77	_	
Subdivision: Lombard Anena	L Lot no.:			Limited energy, residentia			46.42	-	
Tax map/parcel no.:			1	(with above sq. ft.) Limited energy, multi-fami	ilve		40.42		
DESCRIP	TION OF WORK		┦ L	residential (with above sq.	ft.)		, 91.72	1	.
			- L	Services or feeders install	ation, a	alterati	on, and/	or reloca	ation
* . **	• 4	•,	14	200 amps or less			115.83		
	6 3			201 amps to 400 amps			137.89		
PROPERTY OWNER	· □ TENANT			401 amps to 600 amps			229.34		
Name: lamband ; B	when Property			601 amps to 1,000 amps			299.93		
Address: 1122C	3		1 4	Over 1,000 amps or volts			690.22		
Address: 11279 SW	Ellson Ra			Utility reconnect			91.72		
City/State/ZIP: Tigand, call			'	Temporary services or feed elocation	ders ins	stallatio	on, altera	ation, an	id/or
Phone: 503-922-9055	Fax:		-	200 amps or less		T	91.72		
			2	201 amps to 400 amps			127.41		.
E-mail: hill crest - homes	CO MSN.COM		4	01 amps to 600 amps		_	184.11		_
Owner installation: This installation is being mad	te on property that I own, which is not intende	nd for	6	01 amps to 1,000 amps	-		225.29		
ale, lease, rent, or exchange.	is on proposity that rount, which is not intende		В	ranch circuits – new, alter	ation, c	or exte	nsion, pe	er panel	
Owner signature:	Date:	-		. Fee for branch circuits with	1				
APPLICANT				above service or feeder fee each branch circuit	, .		4.26		2
	☐ CONTACT PERSON		B.	Fee for branch circuits	_				
usiness name: Lombard ?	Saher Yeopertic			without service or feeder fe first branch circuit	ee,		81.14		- 1
ontact name: Class Boess	Le Company of the Com		Ea	ach add'l branch circuit	-		4.26		2
ddress:				scellaneous (service or fee	eder no	ot inclu	1		
			Ea	ch manufactured or modular	.		T		
ity/State/ZIP:				elling, service, and/or feeder			91.72		2
none: 563-922-90SS	Fax:			mp or irrigation circle	_	\perp	91.72		2
	1 44.			n or outline lighting mal circuit(s) or limited-energ		_	91.72		2
mail: hillcrest - hor	ins (D. Msn. com	-	1	panel, alteration, or	ly	- 1	04.70		
CONTRA	CTOR		6	extension. Describe:			91.72		2
siness name:			Fac	ch additional inspection	+	+			+
4055 COCF	THE THE		ove	r allowable in any of the					
dress: 2870 SE 75	Ane Aue	.	abo						
y/State/ZIP: HILLS bore, OV			_	inspection		8	1.14		
one: 503 - 642 - 2800	Fax:			stigation fee					
	- 000000000000000000000000000000000000		Othe						
nail:	CCB lic. no.: \ 5789)		Elect	trical permit fees	1.				
ctrical lic. no.:	City or metro lic.:			,	TOTAL				
pervising electrician				Plan review (25%	% of pe	ermit fe	e)	T	
nature, required:				State surcharge (12%	6 of ne	ermit fe	ee)		
t name:	Date:	\neg						201	
7	pare.	—— L	her c	TOTAL			TV C	DOG.	2
norized signature:			This	permit application expires 180 days after it has bee	if a per	rmit is	not obtai	ined wit	hin
t name:	Date:		* Numl	ber of inspections allowed per per	rmit.	prou a	o compi	>1C	

* Number of inspections allowed per permit.

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way Beaverton, OR 97076

B2019-0449 **Commercial Electrical Authorization To Begin Work**

Approval Code: 110372 1/30/2019 9:27 am

05350-BEL-19-00090

E-mailed To: KEVIN.BOBSELECTRIC@GMAIL.COM

PLAN REVIEW

TYPE OF WORK
☐ New Construction ☐ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 12401 Sw 1718t Ter
City/State/ZIP: BEAVERTON, OR 97005
Suite/bldg./apt.no.:
Project Name: Comcast Cable
Cross Street/directions to job site: SW Goldcrest Lane & SW 171st Terrace
Tax map/parcel no.: 1S116AA08700
DESCRIPTION OF WORK
W 171st Terrace, South Cooper Mountain Heights, new 40 amp service for underground power supply for Comcast Cable
APPLICANT
Name: Kevin Broselle
Phone: 3602547200 Fax: 3602548219
Email:
CONTRACTOR
Elec lic. no.: 37-431C CCB lic. no.: 53136
Business Name: B B BROSELLE INC
Contact:
Address: 2700 NE BURTON RD SUITE A
City/State/ZIP: VANCOUVER, WA 98662
Phone: 3602547200 Fax: 3602548219
Email: KEVIN.BOBSELECTRIC@GMAIL.COM
Metro lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Please check all that apply:	Hazardous locations							
A service or feeder beginning at 400 Amps where the	A service or feeder rated at 600 amps or more							
available fault current exceeds 10,000 Amps at 150 Volts or	Buildings more than three stor	r						
less to ground exceeds 14,000 Amps for all other	Marinas and boat yards							
Fire pumps	Commercial-use agricultural buildings	buildings Installation of a 150 KVA or						
Emergency systems								
Addition of a new motor load of 100 HP or more Six or more residential units in one structure	larger seperately derived sys "A", "E", or "I-2" or "I-3"							
	Recreational Vehicle Parks							
Health care facilities	Supply voltage for more than 600 supply volts nominal							
FEE S	CHEDULE							
Description	Qty. Ea. Total							
Services or feeders								
Services 200 amps or less	1 \$115.83 \$115	5.83						
Electrical Permit Fees								
Subtotal	\$118	5.8						
	\$13	3.9						
State surcharge (12% of permit total)								



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFIC	E USE ONLY
Date Received:	Permit No. 13209-0449
Date Issued: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	()
	Payment Type:

		piacement
	CATEGORY OF CONST	RUCTION
☐ 1- and 2-family dwelling ☐ Multi-family		Accessory building Other:
	JOB SITE INFORMATION A	ND LOCATION
Job no.:	Job address: 15900 SW	Regatta Ln.
City/State/ZIP: Beaver	ton, OR 97006	
Suite/bldg./apt. no.:	Projec	et name:
Cross street/directions to job	site:	
Subdivision:	Lot no	N.:
Tax map/parcel no.:		
	DESCRIPTION OF	WORK
nstall feeders and b	ranch circuits for even	t space. Finish electrical for
catering kitchen and	conference room.	2
PROPERTY		☐ TENANT
Name: We The	ee LL	
Address: 15900	SW Regattal	-N.
City/State/ZIP: Seave	2100,011	7006
Phone: 541,95		
E-mail: muny.	casey Dgmanl	.(01).
sale, lease, rent, or exchang		/ 113 17 -10
Owner signature: APPLIC Business name:	CANT	Date: 1/30/2019
☐ APPLIC	CANT P Group, LL	
Business name: WVV	p Group, LL	
Business name: WVV	p Group, LL	
Business name: MVV Contact name: C-se Address: 15906 City/State/ZIP: Beau	cant p Group, LL y Mung 5 SW Regatta wenton, 512	C CONTACT PERSON
Business name: WVV Contact name: C. See Address: 15906 City/State/ZIP: Beau Phone: 541, 95	CANT P Group, LL y Mun S SW Regatta Nevtor ST 3.9997 Fax:	LN. 97006
Business name: WVV Contact name: Case Address: 15906 City/State/ZIP: Beau Phone: 541, 95	cant p Group, LL y Mung 5 SW Regatta wenton, 512	LN. 97006
Business name: WVV Contact name: Case Address: 15906 City/State/ZIP: Beau Phone: 541, 95; E-mail: Casey 25	cant P Group, LL y Mun 5 SW Regatta wenton 57 3,997 Fax wiffloghateli	LN. 97006
Business name: WVV Contact name: Case Address: 15906 City/State/ZIP: Beau Phone: 541, 95; E-mail: Casey 25	CANT P Group, LL Sy My Sy Regatta Westor ST 3.997 Fax: CONTRACTOR This Electric Oregon, L	LN. 97006
Business name: WVV Contact name: Case Address: 15900 City/State/ZIP: Beau Phone: 541, 95. E-mail: Casey 25 Business name: Column	CANT P Group, LL So Regatta Nector SIZ 3.9997 Fax CONTRACTOR CONTRACTOR Contractor Cond Ave. Suite 171	LN. 97006
Business name: Wy Contact name: Case Address: 15906 City/State/ZIP: Beau Phone: 541, 95; E-mail: Casey 25 Business name: Column Address: 2000 NE 42	CANT P Group, LL Sy May B Sy Regatta Newtor 272 3.9997 Fax: CONTRACTOR This Electric Oregon, L 2nd Ave. Suite 171 d, OR 97213	LN. 97006
Business name: Wy Contact name: Case Address: 15906 City/State/ZIP: Beach Phone: 541, 952 E-mail: Case Sep Sep Sep Sep Sep Sep Sep Sep Sep Se	CANT P Group, LL So So Regatta Nector SIZ 3.9997 Fax: CONTRACTOR This Electric Oregon, I and Ave. Suite 171 d, OR 97213 147 Fax:	LN. 97006
Business name: Wy Contact name: Coses Address: 15906 City/State/ZIP: Beach Phone: 541, 952 E-mail: Casey 255 Business name: Column Address: 2000 NE 42 City/State/ZIP: Portland Phone: (360) 904-99	CANT P Group, LL So Regatta Nector 37 3.9997 Fax: CONTRACTOR	LN. 97006
Business name: Wy Contact name: Case Address: 15900 City/State/ZIP: Beau Business name: Colum Address: 2000 NE 42 City/State/ZIP: Portland Phone: (360) 904-99 E-mail: Columbiaeled	CANT P Group, LL So Regatta Nector 37 3.9997 Fax: CONTRACTOR	LN. 97006 Lon Lic no.: 193264 or metro lic.:
Business name: Wy Contact name: Case Address: 15906 City/State/ZIP: Beau Phone: 541, 95; E-mail: Casey 25 Business name: Colum Address: 2000 NE 42 City/State/ZIP: Portlan Phone: (360) 904-99 E-mail: columbiaeled Electrical lic. no.: C72 Supervising electrician	CANT P Group, LL So Regatta Nector SIZ 3.9997 Fax: CONTRACTOR CONTRACTOR	LN. 97006 Lon LC lic. no.: 193264
Business name: Wy Contact name: Cose Address: 15906 City/State/ZIP: Beau Phone: 541, 952 E-mail: Casey 253 Business name: Colum Address: 2000 NE 42 City/State/ZIP: Portland Phone: (360) 904-99 E-mail: columbiaeled Electrical lic. no.: C72 Supervising electrician signature, required:	CANT P Group, LL So Regatta Nector SIZ 3.9997 Fax: CONTRACTOR CONTRACTOR	LN. 97006 Lon Lic. no.: 193264 or metro lic.:

Payment Type:					
PLAN	REVIEW	ı	214.8		
Please check all that apply: Service or feeder 400amps or more Fire pump Emergency system Addition of new motor load of 100HP or more Six or more residential units Health-care facilities	Servi Build Mari Floa Com build Insta sepa	ice or feeder ling over the nas and book ting building nmercial-use lings llation of 150 mately derive 'E," "I-2," "I-3"	atyards gs e agricultural kVA or larger d system occupancy		
☐ Hazardous locations	CHEDUL	reational ve	nicie parks		
Description	Qty.	Fee	Total	*	
Residential single- or multi-fam	ily dwel	ling unit	,		
1,000 sq. ft. or less		194.64		4	
Ea. add'l 500 sq. ft. or portion		34.77			
Limited energy, residential (with above sq. ft.)		46.42		2	
Limited energy, multi-family residential (with above sq. ft.)		91.72		2	
Services or feeders installation	, alterat	ion, and/or	relocation		
200 amps or less	2	115.83	231.66	2	
201 amps to 400 amps	1	137.89		2	
401 amps to 600 amps		229.34		2	
601 amps to 1,000 amps		299.93		2	
Over 1,000 amps or volts		690.22		2	
Utility reconnect		91.72		1	
Temporary services or feeders	installa		tion, and/or		
relocation 200 amps or less		91.72	/	2	
	+	127.41		2	
201 amps to 400 amps	+	184.11		2	
401 amps to 600 amps	_	225.29		2	
601 amps to 1,000 amps	SUBJECT OF STREET		NAMES OF STREET		
Branch circuits – new, alteratic A. Fee for branch circuits with above service or feeder fee, each branch circuit B. Fee for branch circuits	30	4.26	127.80	2	
without service or feeder fee first branch circuit		81.14		2	
Each add'i branch circuit	1	4.26		autanea	
Miscellaneous (service or feed	er not ir	rcluded)			
Each manufactured or modular dwelling, service, and/or feeder		91.72		2	
Pump or irrigation circle	1	91.72		2	
Sign or outline lighting	+	91.72		2	
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:	/	91.72		2	
Each additional inspection over allowable in any of the above					
Per inspection		81.14			
Investigation fee					
Other:					
Electrical permit fees					
SU	BTOTAL	-	35	9.46	
Plan review (25	5% of pe	ermit fee)			
State surcharge (12	2% of pe	ermit fee)	4	3.14	
TOTAL PERMIT FEE			\$40	2.60	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit.
Form B70-1002 REV 10/17



Buchina Permy B2018-5796

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: - 30 - 19 Date Issued: - 30 - 19	Permit No.: B2019 -0445 By:
,	Payment Type: ViSC

TYPE O	F WORK	
New construction Addition/alteration/replacement		
	CONSTRUCTION	
		Accessory building
	_	Other:
1		
) SW Western	Avenue
ton, OR 97005		
	Project name: IP	-STROBE
b site:		
	Lot no.:	
DESCRIPTIO	N OF WORK	
Strobe to the Ex	terior Back Wa	all from the FACP
OWNER		▼ TENANT
Paper	20	
estern Avenue		
on, OR 97005		
24	Fax:	
n1@ipaper.com		
ge.	on property that I o	wn, which is not intended forDate: 01/16/19
CANT	⊠ C	CONTACT PERSON
esponse System	ıs, Inc.	
uniz		
riffith Drive		8
riffith Drive on, OR 97005		,
	Fax: (503) 20	7-5301
on, OR 97005	Fax: (503) 20	7-5301
on, OR 97005 42		7-5301
on, OR 97005 42 Ofr-inc.com	ACTOR	7-5301
on, OR 97005 42 ofr-inc.com contra	ACTOR	7-5301
on, OR 97005 42 Ofr-inc.com CONTRA Response System	ACTOR	7-5301
on, OR 97005 42 ofr-inc.com contra Response System riffith Drive	ACTOR	
On, OR 97005 42 Ofr-inc.com CONTRA Response System riffith Drive ton, OR 97005 42	ACTOR ns, Inc. Fax: (503) 20	
on, OR 97005 42 Ofr-inc.com CONTRA Response System riffith Drive ton, OR 97005 42 Ofr-inc.com	ACTOR ns, Inc. Fax: (503) 20	07-5301 11713
On, OR 97005 42 Ofr-inc.com CONTRA Response System riffith Drive ton, OR 97005 42 Ofr-inc.com	Fax: (503) 20 CCB lic. no.: 1 City or metro lic.:	07-5301 11713
on, OR 97005 42 Ofr-inc.com CONTRA Response System riffith Drive ton, OR 97005 42 Ofr-inc.com	Fax: (503) 20 CCB lic. no.: 1 City or metro lic.:	07-5301 11713
CONTRA CONTRA CONTRA Response System riffith Drive con, OR 97005 42 Confrienc.com	Fax: (503) 20 CCB lic. no.: 1 City or metro lic.:	07-5301 11713
	Addition/alte Other: CATEGORY OF CATEGORY	□ Other: CATEGORY OF CONSTRUCTION □ Commercial/industrial □ Master builder JOB SITE INFORMATION AND LOCAT Job address: 5570 SW Western ton, OR 97005 Project name: IP b site: Lot no.: DESCRIPTION OF WORK Strobe to the Exterior Back Water con, OR 97005 Paper estern Avenue on, OR 97005 4 Fax: an1@ipaper.com stallation is being made on property that I or ge. CANT esponse Systems, Inc.

PLAN	REVIEV	v		13,933
			r over 600 amp	os
	☐ Building over three stories			
7 - C - C - C - C - C - C - C - C - C -		inas and bo		
☐ Fire pump	☐ Floating buildings			
☐ Emergency system	☐ Commercial-use agricultural			
☐ Addition of new motor	buildings			
load of 100HP or more	☐ Installation of 150 KVA or larger			
Six or more residential units	separately derived system			
☐ Health-care facilities	☐ "A," "E," "I-2," "I-3" occupancy			
☐ Hazardous locations	☐ Rec	reational ve	ehicle parks	
FEE SC	_			*
Description	Qty.	Fee	Total	
Residential single- or multi-fam Includes attached garage	ily dwel	ling unit		
1,000 sq. ft. or less	Τ	194.64		4
		34.77		8,00
Ea. add'l 500 sq. ft. or portion Limited energy, residential	-			
(with above sq. ft.)		46.42		2
Limited energy, multi-family		04.70		-
residential (with above sq. ft.)		91.72		2
Services or feeders installation,	alterati		relocation	
200 amps or less		115.83		2
201 amps to 400 amps		137.89		2
401 amps to 600 amps		229.34		2
	-			
601 amps to 1,000 amps		299.93		2
Over 1,000 amps or volts		690.22		2
Utility reconnect		91.72		1
Temporary services or feeders i relocation	installat	ion, altera	tion, and/or	
200 amps or less	Т	91.72		2
201 amps to 400 amps		127.41		2
401 amps to 600 amps	1	184.11		2
	-	2000		
601 amps to 1,000 amps		225.29		2
Branch circuits – new, alteration	n, or ex	tension, pe	er panel	
A. Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
B. Fee for branch circuits without service or feeder fee,		81.14		2
first branch circuit	-	4.26		
Each add'l branch circuit				777
Miscellaneous (service or feede Each manufactured or modular	i not in			
dwelling, service, and/or feeder		91.72		2
Pump or irrigation circle		91.72		2
Sign or outline lighting		91.72		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: Adding 2-Wire Horn Strobe	1	91.72	91.72	2
Each additional inspection over allowable in any of the above				
Per inspection		81.14		
Investigation fee				
Other:				
Electrical permit fees				
•	TOTAL	1	9	1.7
Plan review (25%		rmit fee)		
State surcharge (12%			, 1	1.0

TOTAL	PFRI	/IIT FEE	\$10	2.7

his permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Number of inspections allowed per permit. REV 10/17 orm B70-1002



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

BeavertonOregon.gov

OFFICE USE ONLY			
Date Received: 1 – 30 – 19 Date Issued: 1 – 30 – 19	Permit No.: 182019 - 0442 By: 411		
	Payment Type: Visa		

	Beavertonoregon.gov	3				
/ TYPE OF	WORK		REVIEW		200	
☐ New construction ☐ Addition/alter	onstruction				nps	
☐ Other:				nas and bo		7
CATEGORY OF	CONSTRUCTION			ting buildin		.
☐ 1- and 2-family dwelling ☐ Commercial/i	ndustrial	☐ Emergency system ☐ Addition of new motor		ımerciai-us lings	se agricultura	aı
☐ Multi-family ☐ Master builde	r Other:	load of 100HP or more			0 KVA or larg	jer '
JOB SITE INFORMAT		Six or more residential units Health-care facilities		rately derive	ed system 3" occupancy	
Job no.: Job address: 3108	o Sw Cedar Hills Blvd				ehicle parks	
•	1	FEE SC				
City/State/ZIP: Beaver	ton, or 97005	Description Residential single- or multi-fam	Qty.	Fee ling unit	Total	
Suite/bldg./apt. no.:	Project name:	Includes attached garage	iy awai			
Cross street/directions to job site:		1,000 sq. ft. or less		194.64		4
Subdivision:	Lot no.:	Ea. add'l 500 sq. ft. or portion Limited energy, residential		34.77		
Tay man/pareel no .	,	(with above sq. ft.)		46.42		2
Tax map/parcel no.:	DOMESTIC STATE OF THE STATE OF	Limited energy, multi-family residential (with above sq. ft.)		91.72		2
DESCRIPTION	N OF WORK	Services or feeders installation,	alterati	on, and/o	relocation	
T-I WO	VV 6	200 amps or less		115.83		2
(1 000	7 10 7	201 amps to 400 amps		137.89		2
☐ PROPERTY OWNER	☐ TENANT	401 amps to 600 amps		229.34		2
Name: 3009t Mob	10	601 amps to 1,000 amps		299.93	Ų.	2
		Over 1,000 amps or volts		690.22		2
	dar Hills Blvd	Utility reconnect		91.72		1
City/State/ZIP: Beavertu	n, or 97005	Temporary services or feeders relocation	nstallat	ion, aitera	tion, and/oi	r
Phone:	Fax:	200 amps or less		91.72		2
The state of the s		201 amps to 400 amps		127.41		2
E-mail:		401 amps to 600 amps		184.11		2
Owner installation: This installation is being made	on property that I own, which is not intended for	601 amps to 1,000 amps		225.29	Commercial	2
sale, lease, rent, or exchange.	N	A. Fee for branch circuits with	n, or ext	ension, p	ar panei	Т
Owner signature:	Date:	above service or feeder fee,		4.26		2
☐ APPLICANT	☐ CONTACT PERSON	each branch circuit B. Fee for branch circuits	-			+
Business name: Hungnam	Oh Electric	without service or feeder fee,	١,	81.14		2
		first branch circuit Each add'l branch circuit	11	4.26		\vdash
Contact name: (05%)	SW 82 nd Are	Miscellaneous (service or feede	r not in	cluded)		
Address: T. gant	d, OR 97223	Each manufactured or modular dwelling, service, and/or feeder		91.72		2
City/State/ZIP:	,	Pump or irrigation circle		91.72		2
Phone:	Fax:	Sign or outline lighting		91.72		2
r none.	T UA.	Signal circuit(s) or limited-energy				
E-mail:	*	panel, alteration, or extension. Describe:	/	91,72		2
CONTRA	CTOR		/			+
Business name: Hungnam	Oh Electric	Each additional inspection over allowable in any of the				
Address: 10580	3w 82 nd Ave	above				\perp
City/State/ZIP: 7 9 and	OR 97223	Per inspection	-	81.14		\vdash
Phone: 503-381-400 D	Fax:	Investigation fee Other:	-			+
70 70 11112	1 21-	Electrical permit fees				
E-mail:	CCB lic. no.: (262/) T		TOTAL	•		0.00
Electrical lic. no.: 34-461 C	City or metro lic.:	Plan review (25%	of per	mit fee)		
Supervising electrician signature, required:	MX(31)	State surcharge (12%			1	0.00
	1/20/19		•		4007	92
Print name: Him nam 0	Date: (/ 7 0 / /			IIT FEE	+ 1/-	_
Authorized signature: By Rwy	West 1	This permit application expires 180 days after it has be	en acce	mit is not pted as co	optained wi omplete	icnin (
Print name: Hungnam	Oh Date: 1/30/19	 Number of inspections allowed per per Form B70-1002 		10/17		

BQ019 - 0438 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00089

12725 SW Milikan Way
Beaverton, OR 97076

Beaverton Phone: 503-526-2542

O N Email: cunderwood@beavertonoregon.gov

Approval Code: 47031J 1/29/2019 3:11 pm

E-mailed To: brad@americanheating.net

TYPE OF WORK
□ New Construction ☑ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 9000 SW GEMINI DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: VSP Suite 9000
Cross Street/directions to job site:
Tax map/parcel no.: 1S127DA00800
DESCRIPTION OF WORK
low voltage wiring thermostats
APPLICANT
Name: Brad Manchester
Phone: 503-239-4600 Fax: 503-239-7038
Emall:
CONTRACTOR
Elec IIc. no.: 26-993CRE
Business Name: AMERICAN HEATING INC
Contact:
Address: 1339 SE GIDEON ST
City/State/ZIP: PORTLAND, OR 972022418
Phone: 5032394600 Fax:
Email: joe@americanheating.net
Metro lic. no.: City lic. no.:
Metro lic. no.: Supervising Electrician's lic. no.:

PLAN REVIEW				
Please check all that apply:		Hazard	lous locatio	ns
A service or feeder beginning at 400 Amps where the			ce or feede aps or more	
avaliable fault current exceeds 10,000 Amps at 150 Volts or		Buildin	gs more tha	an three stor
less to ground exceeds		Marina	s and boat	yards
14,000 Amps for all other		Floatin	g buildings	
Fire pumps		Commo building	ercial-use a gs	ıgricultural
Emergency systems			ition of a 15	1
Addition of a new motor load of 100 HP or more		•	seperately on ", or "I-2" on	, i
Six or more residential units in one structure			tional Vehi	
Health care facilities	Supply voltage for more than 600 supply volts nominal			
FEE SCHEDULE				
Description		Qty.	Ea.	Total
Limited Energy			r	And the second
Stand-alone limited energy, commercial		1	\$91.72	\$91.72
Electrical Permit Fees				
Subtotal				\$91.72
State surcharge (12% of permit total)				\$11.01
TOTAL PERMIT FEE				\$102.73

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

City Of Beaverton

Beaverton Phone: 503-526-2542

12725 SW Milikan Way Beaverton, OR 97076

Residential Electrical Authorization To Begin Work 05350-BEL-19-00088

Approval Code: 419270 1/29/2019 12:07 pm

E-mailed To: badgerelectric@qwestoffice.net

☐ Hazardous locations A service or feeder rated at

600 amps or more

Marinas and boat yards Floating buildings

buildings

■ Buildings more than three stor

Commercial-use agricultural

☐ Installation of a 150 KVA or larger seperately derived sys

"A", "E", or "I-2" or "I-3"

Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal

Ea.

\$81.14

\$4.26

Total

\$81.14

\$8.52

\$89.66 \$10.76

\$100.42

TYPE OF WORK	PLAN REV	VIEW
☐ New Construction ☐ Addition/alteration/replacement	Please check all that apply:	Hazar
CATEGORY OF CONSTRUCTION	A service or feeder beginning at 400 Amps where the	A sen 600 a
☐ 1 or 2 family dwelling ☐ Multi-family ☐ Commercial ☐ Accessory	available fault current exceeds	Buildi
JOB SITE INFORMATION AND LOCATION	10,000 Amps at 150 Volts or less to ground exceeds	Marin
Job Address: 2010 SW 84TH AVE	14,000 Amps for all other	Floati
City/State/ZIP: BEAVERTON, OR 97225	Fire pumps	☐ Comr buildi
Suite/bldg./apt.no.:	Emergency systems	Instal
Project Name:	Addition of a new motor load of 100 HP or more	large "A", "
Cross Street/directions to job site:	Six or more residential units in	Recre
Closs Streetunections to job site.	one structure Health care facilities	Supp
Tax map/parcel no.: 1S112BB08200		600 s
DESCRIPTION OF WORK	FEE SCHE	
(3) circuits for AC, gas furnace and outdoor plug.	Description Branch circuits	Qty.
	Branch circuits without service or	1
	feeder Branch circuits each additional	2
APPLICANT	circuit without service	_
Name: TODD GABER	Electrical Permit Fees	
Phone: 5032884756 Fax: 5034937173	Subtotal State surcharge (12% of permit	
Email:	total)	
CONTRACTOR	TOTAL PERMIT FEE	
Elec lic. no.: 3-571C CCB lic. no.: 156581	*	
Business Name: BADGER ELECTRIC INC	almadind	apx
Contact:	Almaebado	0
Address: PO BOX 55446		
City/State/ZIP: PORTLAND, OR 97238		
Phone: 5032884756 Fax: 5034937173		
Email: badgerelectric@qwestoffice.net		
Metro lic. no.: City lic. no.:		
Supervising Electrician's lic. no.:		
Supervising Electrician's Name:		
Number of inspections included in paid services:		

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Residential Service: Reconnect Only: All Other Services:

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

ebadgerelectricinc.com

B2019-0430 Commercial Electrical Authorization To Begin Work

05350-BEL-19-00086

Approval Code: 029909 1/29/2019 9:50 am

E-mailed To: toryn.grubbe@cve.com

Beaverton, OR 97076

Phone: 503-526-2542

R E G N Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

TYPE OF WORK
New Construction Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 8905 SW NIMBUS AVE
City/State/ZIP: BEAVERTON, OR 97008
Sulte/bldg./apt.no.: 400
Project Name: 48003
Cross Street/directions to job site:
Tax map/parcel no.: 1S127AC01000
DESCRIPTION OF WORK
Voice/Data plus Access Control and Soundmasking
APPLICANT
Name: Steve Burnett
Phone: 5034316600 Fax:
Email:
CONTRACTOR
Elec lic. no.: 37-976C CCB lic. no.: 148222
Business Name: CACHE VALLEY ELECTRIC COMPANY
Contact:
Address: PO BOX 405
City/State/ZIP: LOGAN, UT 843230405
Phone: 4357526405 Fax: 5034316600
Email:
Metro lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN REVIEW								
Please check all that apply:		Hazard	ous location	ns				
A service or feeder beginning at 400 Amps where the	A service or feeder rated at 600 amps or more Buildings more than three stor							
available fault current exceeds 10,000 Amps at 150 Voits or								
less to ground exceeds		Marinas	and boat	yards				
14,000 Amps for all other		Floating	g buildings					
Fire pumps	_	Comme building	ercial-use a js	gricultural				
Emergency systems	_		tion of a 15	i i				
Addition of a new motor load of 100 HP or more		٧	seperately o	,				
Six or more residential units in	=		', or "I-2" or tional Vehic					
one structure	_	more than						
Health care facilities	_	ominal						
FEESC	HED	ULE	1000					
Description		Qty.	Ea.	Total				
Miscellaneous								
Signal circuit(s) or limited-energy panel, alteration, or extension		1	\$91.72	\$91.72				
Electrical Permit Fees								
Subtotal				\$91.72				
State surcharge (12% of permit total)				\$11.01				
TOTAL PERMIT FEE				\$102.73				

BQ019-0432
Commercial Electrical Authorization To Begin Work
05350-BEL-19-00087

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Approval Code: 219274 1/29/2019 10:47 am

Beaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

E-mailed To: hillaryp@cepdx.com

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
CA	TEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SI	TE INFORMATION AND LOCATION
Job Address: 13875	SW TV Hwy
City/State/ZIP: BEAVERTON	OR 97005
Suite/bldg./apt.no.:	A A CONTRACTOR OF THE STATE OF
Project Name: Porsche coffe	е
Cross Street/directions to jo	b site: 13875 SW TV Hwy
Tax map/parcel no.: 1S1	16AA08700
	DESCRIPTION OF WORK
Install outlet at 13875 SW TV	Hwy
, j	
	APPLICANT
Name: Capitol Electric	
Phone: 5032559488	Fax: 5032577121
Email:	
	CONTRACTOR
Elec lic. no.: 26-496C	CCB lic. no.: 48748
Business Name: CAPITOL E	ELECTRIC CO INC
Contact:	
Address: 11401 NE MARX S	T
City/State/ZIP: PORTLAND,	OR 972201041
Phone: 5032559488	Fax: 5032551966
Email: DARRELL@CEPDX.0	СОМ
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic	:. no.:
Supervising Electrician's Na	ame:
Reconnect Only:	uded in paid services: 4 1 2

PLAN REVIEW								
Please check all that apply:	□ на	azard	ous location	าร				
A service or feeder beginning at 400 Amps where the			ce or feede ps or more	rated at				
available fault current exceeds 10,000 Amps at 150 Volts or	□ В	Buildings more than three stor						
less to ground exceeds	□м	arina	s and boat	yards				
14,000 Amps for all other	☐ FI	oating	g buildings					
Fire pumps	_	omme uilding	ercial-use a gs	gricultural				
Emergency systems		Installation of a 150 KVA or larger seperately derived sys						
Addition of a new motor load of 100 HP or more								
Six or more residential units in		"A", "E", or "I-2" or "I-3"						
one structure		Recreational Vehicle Parks						
Health care facilities	Supply voltage for more than 600 supply volts nominal							
FEE SC	CHEDU	LE						
Description	Q	ty.	Ea.	Total				
Branch circuits								
Branch circuits without service or feeder		1	\$81.14	\$81.14				
Electrical Permit Fees								
Subtotal				\$81.14				
State surcharge (12% of permit total)				\$9.74				
TOTAL PERMIT FEE				\$90.88				

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.



Electrical Permit Application 12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

OF	FFICE USE ONLY
Date Received:	Permit No.: 6 2019-6425
Date issued: 129 80	By
	Payment Type:

or the suppression of the feet	TVDE OF	Deaver ton		
New construction	TYPE OF	ation/replacement		Please check all
Edges #	Other:			Service or fe
	CATEGORY OF	CONSTRUCTION		☐ Fire pump
1- and 2-family dwelling	☐ Commercial/i	industrial	Accessory building	☐ Emergency :
☐ Multi-family	☐ Master builde	er 🗆	Other:	load of 100h
J	OB SITE INFORMAT	TON AND LOCAT	ION	Six or more n
Job no.:	Job address: 114	55 3 W	V Duchess wa	
City/State/ZIP: Bea	verton		7	1
Suite/bldg./apt. no.:		Project name:		Residential sing
Cross street/directions to job	site:			Includes attach
Subdivision:		Lot no.:		1,000 sq. ft. or le Ea. add'l 500 sq
				Limited energ
Tax map/parcel no.:				(with above so
	DESCRIPTION			residential (wi
Install a 1	100 th	cerros	sub powel	Services or fee
				200 amps or less 201 amps to 400
☐ PROPERTY	OWNER		☐ TENANT	401 amps to 600
Name:				601 amps to 1,0
Address:				Over 1,000 amp
	·····			Utility reconnect
City/State/ZIP:		г		Temporary service relocation
Phone:		Fax:		200 amps or les
E-mail:				201 amps to 400
A 1 1 10 11 711111	. N . P * . f . *			401 amps to 600
Owner installation: This inst sale, lease, rent, or exchange		on property that I or	vn, which is not intended for	601 amps to 1,0
Owner signature:			Date:	A. Fee for branc
C ADDIG	ANI	E7 0	ONTACT PERSON	above service
APPLIC	ANI))0 0	UNIACI PERSUN	B. Fee for branc
Business name:				without servi
Contact name: Nice	olai 6b	otos		Each add'l brand
	SE 151 A			Miscellaneous
			2	Each manufactu dwelling, service
City/State/ZIP: Por	Flored Ol	57123	5	Pump or imigation
Phone: (503) 70	2-4555	Fax:		Sign or outline li
E-mail: Scadowe	_1999 @	vahoo.	20/27	Signal circuit(s) panel, alterat
	CONTRA			extension. De
Business name: SAI	AR PR	ectair	160.	Each additiona
Address: 19645	SE WA	orled 1	Tills oh	over allowable above
City/State/ZIP: 1	ADEMA	OR	97089	Per inspection
Phone GD 3 1 3 5 /	-7726	Fax(503	1665-2817	Investigation fee
E-mail:	3170	CCB lic. no.:	160200	Other:
<i>C</i> :	100		100 200	Fieralisa bailing
Electrical lic. no.:	186/	City or metro lic.:	12315	- F
Supervising electrician signature, required:	100	N		
Print name: DRAG	OS SAL	LAR	Date 1/29/19.	State
Authorized signature:			1 -11	This is
			Data	This permit ap
Print name:			Date:	Number of insper

PLAN	REVIE	N° AND		5 40
Please check all that apply: Service or feeder 400amps or more Fire pump Emergency system Addition of new motor load of 100HP or more Six or more residential units Health-care facilities Hazardous locations	Ser Bui Mai Sep Inst	vice or feeder Iding over the rinas and bo ating building mmercial-usedings	atyards gs e agricultura D KVA or large d system " occupancy	l –
FEE S	CHEDU	LE		
Description	Qty.	Fee	Total	٠
Residential single- or multi-fam	ily dwe	lling unit		
Includes attached garage	1000	1400 FO		
1,000 sq. ft. or less	-	168.52		4
Ea. add'l 500 sq. ft. or portion Limited energy, residential	+	30.10	<u></u>	
(with above sq. ft.)		40.19		2
Limited energy, multi-family		79,41		2
residential (with above sq. ft.) Services or feeders installation	oltogo	لنتبا	releastion	10.5
	1, altera	100.28	(2
200 amps or less	+-			
201 amps to 400 amps		119.38		2
401 amps to 600 amps		198.56		2
601 amps to 1,000 amps		259.68	* no.	2
Over 1,000 amps or volts		597.59		2
Utility reconnect Temporary services or feeders relocation	installa	79.41	tion, and/or	1
200 amps or less	T	79.41		2
201 amps to 400 amps		110.31		2
401 amps to 600 amps		159.40		2
601 amps to 1,000 amps		195.05		2
Branch circuits - new, alteration	n, or e	ctension, pe	or panel	
A. Fee for branch circuits with above service or feeder fee, each branch circuit		3.69		2
B. Fee for branch circuits without service or feeder fee, first branch circuit		70.25		2
Each add'l branch circuit		3.69		
Miscellaneous (service or feed	er not i	ncluded)		
Each manufactured or modular dwelling, service, and/or feeder		79.41		2
Pump or irrigation circle		79.41		2
Sign or outline lighting		79.41		2
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41		2
Each additional inspection over allowable in any of the above				
Per inspection	18	70.25		
Investigation fee				
Other:				
Electrical permit fees	3.			
	STOTAL		0.00	-
Plan review (25				
State surcharge (12	<u> </u>		0.00	
		MIT FEE	\$0.00	

oplication expires if a permit is not obtained within ays after it has been accepted as complete actions allowed per permit.

Form B70-1002

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00081

Approval Code: 004960 1/28/2019 1:50 pm E-mailed To: portlandpermits@cochraninc.com

City Of Beaverton

12725 SW Millkan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542

R E G O N Email: cunderwood@beavertonoregon.gov

New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 15500 SW BEAVERTON CREEK CT
City/State/ZIP: BEAVERTON, OR 97006
Suite/bldg./apt.no.:
Project Name: Apple TI
Cross Street/directions to job site:
Tax map/parcel no.: 1S108DC00600
DESCRIPTION OF WORK
513802 PM520 Apple TI Referencing Building Permit B2018-6065 Modify and add circuits for office furniture & lighting (No new feeders or panels to be added)
APPLICANT
Name: Stephanie Swenson
Phone: 9712054256 Fax: 9712054268
Email:
Email: CONTRACTOR
CONTRACTOR
CONTRACTOR Elec lic. no.: 37-546C CCB lic. no.: 72942
CONTRACTOR Elec IIc. no.: 37-546C CCB IIc. no.: 72942 Business Name: COCHRAN INC
CONTRACTOR Elec lic. no.: 37-546C CCB lic. no.: 72942 Business Name: COCHRAN INC Contact:
CONTRACTOR Elec IIc. no.: 37-546C CCB IIc. no.: 72942 Business Name: COCHRAN INC Contact: Address: 7550 SW TECH CENTER DRIVE #220
CONTRACTOR Elec IIc. no.: 37-546C CCB IIc. no.: 72942 Business Name: COCHRAN INC Contact: Address: 7550 SW TECH CENTER DRIVE #220 City/State/ZIP: TIGARD, OR 97223
CONTRACTOR Elec Iic. no.: 37-546C CCB Iic. no.: 72942 Business Name: COCHRAN INC Contact: Address: 7550 SW TECH CENTER DRIVE #220 City/State/ZIP: TIGARD, OR 97223 Phone: 9712054242 Fax: 9712054268
CONTRACTOR Elec IIc. no.: 37-546C CCB IIc. no.: 72942 Business Name: COCHRAN INC Contact: Address: 7550 SW TECH CENTER DRIVE #220 City/State/ZIP: TIGARD, OR 97223 Phone: 9712054242 Fax: 9712054268 Email: rsmith2@cochraninc.com
Elec IIc. no.: 37-546C CCB IIc. no.: 72942 Business Name: COCHRAN INC Contact: Address: 7550 SW TECH CENTER DRIVE #220 City/State/ZIP: TIGARD, OR 97223 Phone: 9712054242 Fax: 9712054268 Email: rsmith2@cochraninc.com Metro IIc. no.: City Iic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN REVIEW									
Please check all that apply:		Hazard	ous location	ns					
A service or feeder beginning at 400 Amps where the			ce or feeder ps or more	rated at					
available fault current exceeds 10.000 Amps at 150 Volts or		Buildings more than three stor							
less to ground exceeds		Marinas	s and boat y	/ards					
14,000 Amps for all other		Floating	g buildings						
Fire pumps		Comme	ercial-use a js	gricultural					
Emergency systems			tion of a 15						
Addition of a new motor load of 100 HP or more	П	•	eperately d	`					
Six or more residential units in one structure		Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal							
Health care facilities									
FEE SC	HED	ULE							
Description		Qty.	Ea.	Total					
Branch circuits									
Branch circuits without service or feeder		1	\$81.14	\$81.14					
Branch circuits each additional circuit without service		63	\$4.26	\$268.38					
Electrical Permit Fees									
Subtotal	\perp			\$349.52					
State surcharge (12% of permit total)				\$41.94					
TOTAL PERMIT FEE				\$391.46					

B 2019 – 0413 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00082

05350-BEL-19-00082 Approval Code: 618241 1/28/2019 2:14 pm

E-mailed To: kandice@nwsteele.com

12725 SW Milikan Way Beaverton, OR 97076 Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

TYPE OF WORK
New Construction Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 7970 SW CIRRUS DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 13G
Cross Street/directions to job site:
Tax map/parcel no.: 1S127AA00700
DESCRIPTION OF WORK
Panel Replacement
, and respectively
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services:
Residential Service: 4 Reconnect Only: 1
All Other Services: 2

Upon	review	and	approval	by	your	local	Jurisdiction,	your	permit	Iliw	þe	e-mailed	or	faxed
within	one bus	iness	day, with i	nstrı	ictions	on ho	w to schedule	your i	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

Please check all that apply:		Hazard	lous location	ıs					
A service or feeder beginning at 400 Amps where the	-	A service or feeder rated a 600 amps or more							
available fault current exceeds		Buildings more than three stor							
10,000 Amps at 150 Volts or less to ground exceeds		Marina	s and boat y	rards					
14,000 Amps for all other		Floatin	g buildings						
Fire pumps		Commo	ercial-use aç gs	gricultural					
Emergency systems			ition of a 150						
Addition of a new motor load of 100 HP or more		•	seperately d						
Six or more residential units in	Ц	"A", "E", or "I-2" or "I-3"							
one structure		Recrea	ational Vehic	le Parks					
Health care facilities	Supply voltage for more than 600 supply volts nominal								
FEE SC	HED	ULE							
Description		Qty.	Ea.	Total					
Services or feeders									
Services 200 amps or less		1	\$115.83	\$115.83					
Electrical Permit Fees									
Subtotal		,,,,,		\$115.83					
State surcharge (12% of permit				\$13.90					
total)									

PLAN REVIEW

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

BQ019-0414 Residential Electrical Authorization To Begin Work 05350-BEL-19-00083

Approval Code: 05278G 1/28/2019 2:23 pm

F-mailed To: info@rosecitvelectricco.com

			E-manet	1 10. 1111	UW VS	Secityon	30111000.0
TYPE	OF WORK		PLAN	REVIEV	N		
New Construction	Addition/alteration/replacement	Pi	ease check all that apply:	П На	zardous	location	S
	CONSTRUCTION		A service or feeder beginning at 400 Amps where the		service o 0 amps	or feeder or more	rated at
1 or 2 family dwelling X Multi-fami	ily Commercial Accessory	00000	available fault current exceeds 10,000 Amps at 150 Volts or	☐ Bu	illdings r	more thar	three stor
JOB SITE INFORMA	ATION AND LOCATION		less to ground exceeds	☐ Ma	arinas ar	nd boat y	ards
Job Address: 4550 SW MURRAY BLVD			14,000 Amps for all other		oating bu	•	
City/State/ZIP: BEAVERTON, OR 97005			_		ommercia ildings	al-use ag	ricultural
Suite/bldg./apt.no.:			Emergency systems Addition of a new motor load	- Innered		n of a 150 erately de	KVA or erived sys
Project Name: Apt 124			of 100 HP or more	☐ "A	.", "E", oı	r "I-2" or '	'I-3"
Cross Street/directions to job site:			Six or more residential units in one structure	R	ecreation	nal Vehic	e Parks
	· · · · · · · · · · · · · · · · · · ·	_ [Health care facilities			ltage for r y volts no	more than minal
Tax map/parcel no.: 1S116BC09800			FEES	CHEDU	ΙF		
DESCRIPT	ION OF WORK		escription	Qt	AND DESCRIPTIONS	Ea.	Total
Repaired main service that was severed duri	ng renovations.	1 1	rvices or feeders			L	
		S	ervices 200 amps or less		1 \$1	115.83	\$115
		E	ectrical Permit Fees				
	PLICANT	S	ubtotal				\$118
Name: Julia w/ Fountain Park			tate surcharge (12% of permit tate)				\$13
Phone: 5036417902	Fax:	Т	OTAL PERMIT FEE				\$129
Email:				****			
CON ⁻	TRACTOR						
Elec IIc. no.: C729	CCB lic. no.: 193652						
Business Name: ROSE CITY ELECTRIC C	3						
Contact:							
Address: PO BOX 10004							
City/State/ZIP: PORTLAND, OR 97296							

Upon review and approval by your tocal jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

Fax: 5032821060

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Phone: 5032876164

Residential Service:

Reconnect Only: All Other Services:

Metro IIc. no.:

Email: INFO@ROSECITYELECTRICCO.COM

Number of inspections included in paid services:

4

2

Supervising Electrician's lic. no.: Supervising Electrician's Name:

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

32019-0415 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00084

Approval Code: 718280 1/28/2019 3:08 pm

E-mailed To: kandice@nwsteele.com

TYPE OF WORK
New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family X Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 7849 SW CIRRUS DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 24D
Cross Street/directions to job site:
Tax map/parcel no.: 1S122DD00300
DESCRIPTION OF WORK
Panel Replacement
APPLICANT
APPEICAN I Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of Inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

	PLANR	ΕVI	EW			
Plea	se check all that apply:		Hazard	ous location	าธ	
	A service or feeder beginning at 400 Amps where the			ce or feede aps or more	rated at	
available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds		Building	gs more tha	n three stor		
		Marina	s and boat y	yards		
	14,000 Amps for all other	Floating buildings				
	Fire pumps		Commo	ercial-use a gs	gricultural	
	Emergency systems			tion of a 15		
	Addition of a new motor load of 100 HP or more	П	U	seperately d ", or "I-2" or	•	
	Six or more residential units in one structure			ntional Vehic		
	Health care facilities			voltage for pply volts n		
	FEE SC)	HEC	ÜLE			
Des	cription		Qty.	Ea.	Total	
Sen	rices or feeders					
Ser	vices 200 amps or less		1	\$115.83	\$115.83	
Elec	trical Permit Fees					
Sub	total				\$115.83	
Stat tota	e surcharge (12% of permit I)				\$13,90	
	TAL PERMIT FEE				\$129.73	

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

eaverton Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00085

PLAN REVIEW

Approval Code: 718290 1/28/2019 3:09 pm

E-mailed To: chad@ohmsys.com

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
CA	TEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family X Commercial Accessory
JOB SI	TE INFORMATION AND LOCATION
Job Address: 14643 SW MII	LLIKAN WAY
City/State/ZIP: BEAVERTON	, OR 97006
Suite/bldg./apt.no.:	
Project Name: Seasweets Be	eaverton
Cross Street/directions to jo	b site:
Tax map/parcel no.: 1S1	08DA00400
	DESCRIPTION OF WORK
Audio/Video for new restaura	nt
	•
	APPLICANT
Name: Chad Baldwin	
Phone: 503-484-5700	Fax: 503-258-0382
Email:	
	CONTRACTOR
Elec lic. no.: CLE6	CCB lic. no.: 166819
Business Name: OHM SYST	TEMS LLC
Contact:	
Address: PO BOX 86833	
City/State/ZIP: PORTLAND,	OR 972860833
Phone: 5034845700	Fax:
Email: CHAD@OHMSYS.CC	ОМ
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic	. no.:
Supervising Electrician's Na	ame:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uded in pald services: 4 1

A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	Please check all tha	t apply:		Hazard	ous locatio	ns		
10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other								
less to ground exceeds 14,000 Amps for all other Floating buildings Commercial-use agricultural buildings Emergency systems Installation of a 150 KVA or larger seperately derived sys of 100 HP or more Six or more residential units in one structure Health care facilities FEE SCHEDULE Description Qty. Ea. Total Services or feeders Subtotal State surcharge (12% of permit total) Final many surfact and boat yards Floating buildings Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys of larger seperatel	200 200 200 200 200 200 200 200 200 200			Building	gs more tha	in three stor		
Fire pumps Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$13.90 total)	less to ground e	xceeds		Marina	s and boat	yards		
Fire pumps buildings Emergency systems Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal Health care facilities Guy, Ea. Total Services or feeders 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$13.90 total)	14,000 Amps fo	r all other		Floating	g buildings			
Addition of a new motor load of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$13.90 total)						gricultural		
of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty, Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$115.83								
one structure Health care facilities Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$115.83 \$115.83	——————————————————————————————————————			~	•	·		
FEE SCHEDULE Description Qty, Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$115.83 State surcharge (12% of permit total)	-	dential units in		Recrea	itional Vehi	cle Parks		
Description Qty, Ea. Total Services or feeders Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$115.83 State surcharge (12% of permit total) \$13.90	Health care faci	lities						
Services or feeders	FEE SCHEDULE							
Services 200 amps or less 1 \$115.83 \$115.83 Electrical Permit Fees Subtotal \$115.83 Subtotal \$115.83 State surcharge (12% of permit total) \$13.90	Description			Qty.	Ea.	Total		
Subtotal \$115.83 State surcharge (12% of permit total) \$13.90	Services or feeder	s						
Subtotal \$115.83 State surcharge (12% of permit total) \$13.90	Services 200 amps	or less		1	\$115.83	\$115.83		
State surcharge (12% of permit \$13.90 total)	Electrical Permit F	ees						
total)	Subtotal		\perp			\$115.83		
TOTAL PERMIT FEE \$129.73	,	% of permit		,		\$13.90		
	TOTAL PERMIT FE		\perp			\$129.73		

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

2

All Other Services:

B2019-0410 Residential Electrical Authorization To Begin Work 05350-BEL-19-00080

Beaverton, OR 97076

Beaverton
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

City/State/ZIP: SALEM, OR 97304

Email: DUNUTRT4862@GMAIL.COM

Supervising Electrician's lic. no.: Supervising Electrician's Name:

Number of inspections included in paid services: 4

Phone: 5033144862

Residential Service: Reconnect Only: All Other Services:

Metro lic. no.:

12725 SW Milikan Way

Approval Code: 51824C 1/28/2019 1:24 pm

	E-mailed To: mail@dmbk.con
TYPE OF WORK	PLAN REVIEW
New Construction X Addition/alteration/replacement	Please check all that apply: Hazardous locations
CATEGORY OF CONSTRUCTION	A service or feeder beginning at 400 Amps where the A service or feeder rated at 600 amps or more
1 or 2 family dwelling Multi-family Commercial Accessory	available fault current exceeds 10,000 Amps at 150 Volts or Buildings more than three stor
JOB SITE INFORMATION AND LOCATION	less to ground exceeds Marinas and boat yards
ob Address: 8175 SW BERRYHILL CT	14,000 Amps for all other Floating buildings
ity/State/ZIP: BEAVERTON, OR 97008	Fire pumps Commercial-use agricultural buildings
uite/bldg./apt.no.:	Emergency systems Installation of a 150 KVA or larger seperately derived sys
roject Name: GIBSON KITCHEN	Addition of a new motor load larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3"
ross Street/directions to job site:	Six or more residential units in Recreational Vehicle Parks one structure
	Health care facilities Supply voltage for more than 600 supply volts nominal
ax map/parcel no.: 1S127BB07900	FEE SCHEDULE
DESCRIPTION OF WORK	Description Qty. Ea. Total
REMODEL KITCHEN	Branch circuits
	Branch circuits without service or 1 \$81.14 \$81.14
APPLICANT	Branch circuits each additional 4 \$4.26 \$17.04 circuit without service
lame: Kerry Willets	Electrical Permit Fees
Phone: 5039060173 Fax: 5033575768	Subtotal \$98.18
email: /	State surcharge (12% of permit \$11.78 total)
CONTRACTOR	TOTAL PERMIT FEE \$109.96
Elec Iic. no.: C1405 CCB Iic. no.: 223003	
Business Name: AMBIANCE ELECTRIC LLC	
Contact:	
Address: to be determined	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

Fax:

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00078

Approval Code: 028667 1/28/2019 6:54 am

E-mailed To: license@lrogerselectric.com

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

City Of Beaverton

	TYPE OF WORK
New Construction	
CATE	GORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family X Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 4401 SW 110TH	AVE
City/State/ZIP: BEAVERTON, O	R 97005
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job s	ite:
Tax map/parcel no.: 1S115/	A08000
D Company	ESCRIPTION OF WORK
Install 20A/120V circuits and qua	ids
	APPLICANT
Name: PAUL HOWELL	
Phone: 770-772-3473	Fax: 866-592-9161
Email:	
	CONTRACTOR
Elec IIc. no.: 37-727C	CCB lic. no.: 118038
Business Name: LIN R ROGER	S ELECTRICAL CONTRACTORS INC
Contact:	
Address: 2050 MARCONI DR S	TE 200
City/State/ZIP: ALPHARETTA, C	GA 30005
Phone: 7707723400	Fax: 7705214960
Email: license@lrogerselectric.c	om
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no	o.:
Supervising Electrician's Name	:
Number of inspections include Residential Service: 4 Reconnect Only: 1 All Other Services: 2	d in paid services:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN	REV	IEW				
Please check all that apply:		Hazaro	lous location	ıs		
A service or feeder beginning at 400 Amps where the			ce or feeder nps or more	rated at		
available fault current exceeds 10,000 Amps at 150 Volts or			gs more tha			
less to ground exceeds 14,000 Amps for all other			s and boat y g buildings	/aros		
Fire pumps		Comm	ercial-use a	gricultural		
Emergency systems	Г		tion of a 15	0 KVA or		
Addition of a new motor load of 100 HP or more	<u></u>		seperately d ", or "I-2" or	•		
Six or more residential units in one structure			itional Vehic			
Health care facilities			voltage for pply volts ne			
FEE SCHEDULE						
Description		Qty.	Ea.	Total		
Branch circuits						
Branch circuits without service or feeder		1	\$81.14	\$81,14		
Electrical Permit Fees						
Subtotal				\$81.14		
State surcharge (12% of permit total)				\$9.74		
TOTAL PERMIT FEE				\$90.88		

BQ019-0408 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00079

12725 SW Milikan Way
Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Remail: cunderwood@beavertonoregon.gov

Approval Code: 118224 1/28/2019 9:42 am

PLAN REVIEW

E-mailed To: karen@beck-electric.net

	TYPE OF WORK
New Construction	
andriger of the company of C	ATEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOBS	ITE INFORMATION AND LOCATION
Job Address: 9460 SW ALI	LEN BLVD
City/State/ZIP: BEAVERTOR	N, OR 97008
Suite/bldg./apt.no.:	
Project Name: Plaid Pantry	
Cross Street/directions to j	ob site:
Tax map/parcel no.: 1S	123AC03200
	DESCRIPTION OF WORK
Wire for new cooler and free	ozer door lights and heaters. one evaporator coil.
N. Deal Classic	APPLICANT
Name: Beck Electric	
Phone: 5036567396	Fax: 5036564397
Email:	
	CONTRACTOR
Elec lic. no.: 3-5C	CCB lie. no.: 2629
Business Name: BECK ELE	ECTRIC INC
Contact:	
Address: 15687 SE HWY 2	12
City/State/ZIP: DAMASCUS	S, OR 97089
Phone: 5036567396	Fax: 5036564397
Email: BeckElectric@Como	ast.net
Metro lic. no.:	City lic. no.:
Supervising Electrician's I	ic. no.:
Supervising Electrician's N	łame:
Number of inspections inc	luded in paid services:

Please check all that apply: A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other Fire pumps Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities Please check all that apply: A service or feeder rated at 600 amps or more Buildings more than three stor Marinas and boat yards Floating buildings Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total
at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other Fire pumps Commercial-use agricultural buildings Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities Description Buildings Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys or "I-2" or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal
less to ground exceeds 14,000 Amps for all other Fire pumps Commercial-use agricultural buildings Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities Description Marinas and boat yards Floating buildings Installation of a 150 KVA or larger seperately derived sys or "l-2" or "l-2" or "l-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal
Fire pumps Commercial-use agricultural buildings Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure Health care facilities FEE SCHEDULE Commercial-use agricultural buildings Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal
buildings Emergency systems Installation of a 150 KVA or larger seperately derived sys of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total
Addition of a new motor load of 100 HP or more "A", "E", or "I-2" or "I-3" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total
of 100 HP or more "A", "E", or "I-2" or "I-2" Six or more residential units in one structure Supply voltage for more than 600 supply volts nominal FEE SCHEDULE: Description Qty. Ea. Total
Six or more residential units in one structure Health care facilities Supply voltage for more than 600 supply volts nominal FEE SCHEDULE: Description Qty. Ea. Total
one structure Health care facilities Supply voltage for more than 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total
Health care facilities 600 supply volts nominal FEE SCHEDULE Description Qty. Ea. Total
Description Qty. Ea. Total
Description 2.33
Branch circuits
Branch circuits without service or 1 \$81.14 \$81.14 feeder
Branch circuits each additional 4 \$4.26 \$17.04 circuit without service
Electrical Permit Fees
Subtotal \$98.18
State surcharge (12% of permit \$11.78 total)
(Oct.)

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Reconnect Only: All Other Services:



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: 1-29-19	Permit No.: 32019-0421
Date Issued: 1-29-19	By:
	Payment Type: M/C

	TYPE C	F WORK	
New construction		eration/replacemer	nt
	Other:	CONSTRUCTION	v -
☐ 1- and 2-family dwelling	☐ Commercial		☐ Accessory building
☐ Multi-family	☐ Master build		Other:
J(OB SITE INFORMA	TION AND LOCA	ATION
Job no.:	Job address: 45	05 5W	Watson Aus.
	erton, or	2	×
Suite/bldg./apt. no.:	ă .	Project name:	Ex Novo
Cross street/directions to job s	site:		~
Subdivision:		Lot no.:	
Tax map/parcel no.:			
		N OF WORK	
One sign circu	sit for m	enusign,	circuit was
existing	- (1		
☐ PROPERTY (OWNER		☐ TENANT
Name:		X	
Address:			
City/State/ZIP:			8
Phone:		Fax:	
E-mail:		4 / 4	
Owner installation: This insta	Illation is being made	on property that I	own, which is not intended for
sale, lease, rent, or exchange. Owner signature:			Date:
Dusiness name:			CONTACT PERSON
	say sign		
Contact name: Garre	tt Gibson		
Address: 9160 SE	= 74th A	re.	
City/State/ZIP: Portlan		7206	
Phone: 503-777-	4555	Fax: 505-	777.0220
E-mail: Aurrette	200 Rums	my Sign	-s.com
	CONTRA	CTOR	
Business name: Zaw	sun Sigu	~ 5	# D
Address: 9160 S	E 74th	Ave.	
City/State/ZIP: Port/a	nd, 012	9728	06
Phone: 503.777-45	55	Fax:	
E-mail:		CCB lic. no.:	3422
Electrical lic. no.: 26-16	OGLLE	City or metro lic.	A
Supervising electrician signature, required:		7.	
Print name: Thill	Steiger		Date: 1/29/19
Authorized signature	Ail		
Print name: Garett (sibsin		Date: 1/29/19

	REVIEW	V				
Please check all that apply: Service or feeder 400amps or more Fire pump	☐ Build			nps		
☐ Emergency system ☐ Addition of new motor load of 100HP or more	build	dings	ise agricultur 50 KVA or lard			
load of 100HP or more						
	CHEDUL		T _s.			
Description Residential single- or multi-fam Includes attached garage	Qty. nily dwel	Fee ling unit	Total	•		
1,000 sq. ft. or less		194.64		4		
Ea. add'l 500 sq. ft. or portion		34.77	· · · · · · · · · · · · · · · · · · ·	9		
Limited energy, residential (with above sq. ft.)		46.42		2		
Limited energy, multi-family residential (with above sq. ft.)		91.72		2		
Services or feeders installation	, alterati	E .				
200 amps or less	-	115.83		2		
201 amps to 400 amps		137.89		2		
401 amps to 600 amps		229.34		2		
601 amps to 1,000 amps		299.93		2		
Over 1,000 amps or volts		690.22		2		
Utility reconnect Temporary services or feeders	installat	91.72 ion, altera	ation, and/or	1		
relocation		04.70		Ι.		
200 amps or less		91.72		2		
201 amps to 400 amps	+	127.41		2		
401 amps to 600 amps	_	184.11		2		
601 amps to 1,000 amps		225.29		2		
A. Fee for branch circuits with above service or feeder fee,	n, or ext	4.26	er panei	2		
each branch circuit B. Fee for branch circuits without service or feeder fee,		81.14		2		
first branch circuit Each add'l branch circuit	+	4.26		-		
Miscellaneous (service or feede	er not inc					
Each manufactured or modular		91.72		2		
dwelling, service, and/or feeder Pump or irrigation circle	+	91.72		2		
Sign or outline lighting	1		91.77	2		
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		91.72		2		
Each additional inspection over allowable in any of the above						
Per inspection		81.14				
Investigation fee						
Other:						
Electrical permit fees						
SUB	TOTAL			0.00		
Plan review (25%	6 of perr	mit fee)	91.72			
State surcharge (12%	1.25	mit fee)		0.00		
TOTAL	\$102	13				

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete
Number of inspections allowed per permit.
Form B70-1002
REV 10/17



Print name: Haley Arnell

Electrical Permit Application
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

	OFFICE	USE ONLY
Date Received:	12019	Permit No.: (57019-640)
		Payment Type:

	Beaverton	Oregon.gov						
TYPE C	OF WORK			PLAN	REVIE	٧		
	eration/replacement			ase check all that apply:			er over 600 ar	
Olher:	stationstopiacomont			Service or feeder 400amps or more			hree stories	į.
and a real-design real state of the control of the control of the design of the first of the control of the con	CONSTRUCTION			Fire pump		inas and bo ating buildir		
transplacement products and a transplacement of the second state of the second state of the second s	in compression of the first factor						se agricultur	ral
1- and 2-family dwelling Commercial		Accessory building Other:				dings	-	
☐ Multi-family ☐ Master build		e Provincia de La Caracteria de la Caracteria de Caracteri		load of 100HP or more Six or more residential units		allation of 15 arately deriv	0 KVA or larg	jer
JOB SITE INFORMA	TION AND LOCAT	ION					3" occupancy	,
Job no.: 135366/3 Job address: 2725 St	W Cedar Hills Blvd			Hazardous locations			ehicle parks	j
City/State/ZIP: Beaverton OR 97005				FEE SO	Qty.	Fee	Total	ASSESSED A
Suite/bldg./apt. no.: 115	Project name:			sidential single- or multi-fam				
	Tu	Ift & Needle		ludes attached garage 00 sg. ff. or less		194,64		4
Cross street/directions to job site: SW Jenkins RD	_			add'l 500 sq. ft. or portion	_	34.77		+
Subdivision:	Lot no.:			Limited energy, residential		46,42		2
Tax map/parcel no.: 1S109AD03400	•			(with above sq. ft.)		40,42		-
control to control to the control to be a programmed to the first of the control to a belief to the	Antiquiting addition to see 2000	ong pangganang panggang panggan		Limited energy, multi-family residential (with above sq. ft.)		91.72		2
DESCRIPTIO	N OF WORK			vices or feeders installation	alterati	on, and/or	relocation	SAME
Connect One (1) set of char	nnel letters on race	eway	200	amps or less		115.83		2
	-	. 1	201	amps to 400 amps		137.89		2
☐ PROPERTY OWNER		TENANT	401	amps to 600 amps		229.34		2
Name	The state of the s	٨	601	amps to 1,000 amps		299.93		2
Name: Tuft & Needle			Ove	er 1,000 amps or volts		690.22		2
Address: 2725 SW Cedar Hills Blvd			Util	ity reconnect		91.72		1
City/State/ZIP: Beaverton OR 97005				nporary services or feeders ocation	installat	ion, altera	ilon, and/or	
Phone:	Fax:		200	amps or less		91.72		2
10 VOLCOVINA	Sport of Galleria			amps to 400 amps		127.41		2
E-mail:			_	amps to 600 amps		184.11		2
Owner installation: This installation is being made	on property that I ow	n, which is not intended for	100000000000000000000000000000000000000	amps to 1,000 amps	to a shahaarbaa	225.29	earcterior wife (1865)	2
sale, lease, rent, or exchange.	•	•		inch circuits – new, alteratio	n, or ext	ension, pe	r panel	
Owner signature:	I	Date:	- 8	Fee for branch circuits with above service or feeder fee, each branch circuit		4.26		2
APPLICANT	□ CC	ONTACT PERSON	B. F	ee for branch circuits		04.44		
Business name: Tube Art Group				without service or feeder fee, irst branch circuit		81.14		2
Contact name: Haley Arnell			1 11111	ch add'l branch circuit	anna de la companya de	4.26	GGTSESSESSESSESSES	Separation of
Address: 4243-A SE International Way			1	cellaneous (service or feede h manufactured or modular	r not in	1	Volence Anna Contract	mananawa Tanana
				elling, service, and/or feeder		91.72		2
City/State/ZIP: Milwaukie OR 97222			Pur	mp or irrigation circle		91.72		2
Phone: 971.205.7780	Fax: 503.653.9191		1 -	n or outline lighting	1	91,72		2
E mail:	000,000,001			nal circuit(s) or limited-e <mark>nergy</mark> canel, alteration, or				
harnell@tubeart.com CONTRA	CTOR			extension. Describe:		91.72		2
Business name: Tube Art Group				ch additional inspection				
Address: 4243-A SE International Way			abo	r allowable in any of the ove				
			Per	inspection		81.14		
City/State/ZIP: Milwaukie OR 97222			Inve	estigation fee				
Phone: 503.653.1133	Fax: 503.653.9191		, Oth	AND				_
E-mail: harnell@tubeart.com	CCB lic. no.: 7095	6	Elec	ctrical permit fees	TOTAL			0.00
Electrical lic. no.: 37-554CLS	City or metro lic.:	5230				mit fool		0.00
Supervising electrician signature, required:			7	Plan review (25%		-		0.00
		D	$\dashv \vdash$	State surcharge (12%	3000-00-1 - 000900			0.00
Print name: Jesse Yankee	1	Date: 1/28/2019	$\dashv L$			IT FEE		0.00
Authorized signature:		Deter tracing to		s permit application expires 180 days after it has be Imber of inspections allowed per pe	en acce			thin .

Date: 1/28/2019

^{*} Number of inspections allowed per permit.

Form B70-1002 REV 10/17



Electrical Permit Application
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550

General Information (503) 526-2222 BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: -28-19	Permit No.: BQ019-0399 By: ###
	Payment Type: Vi5C

		F WORK	
☐ New construction	Addition/alte Other:	ration/replacer	nent
	CATEGORY OF	CONSTRUCT	ION
☐ 1- and 2-family dwelling ☐ Multi-family	☑ Commercial ☐ Master build		☐ Accessory building ☐ Other:
	JOB SITE INFORMA	TION AND LO	OCATION
Job no.:	Job address: 1065	7 sw Beav	verton Hillsdale
City/State/ZIP: Beaver	on, OR. 9700	5	
Suite/bldg./apt. no.:		Project name	e: Chick-Fil-A
Cross street/directions to job	site:		
Subdivision:		Lot no.:	
Tax map/parcel no.:			
	DESCRIPTIO	N OF WORK	,
nstall music speakers			
PROPERTY Name:	OWNER		☐ TENANT
Address:			
City/State/ZIP:		· · · · · · · · · · · · · · · · · · ·	
Phone:		Fax:	
E-mail:			
Owner installation: This ins sale, lease, rent, or exchang Owner signature:		on property tha	at I own, which is not intended for
M APPLIC	ANT		CONTACT PERSON
Business name: Automa	nted Communica	tions LLC.	
Contact name: Tom Edv	wards		
Address: 1200 nw 101	st street		
City/State/ZIP: Redmond	I, OR. 97756		
Phone: 541-410-1750		Fax:	
E-mail: Autocomm001	@yahoo.com		
	CONTRA	CTOR	
Business name: Automa	ated Communica	tions LLC	
Address: P.o. Box 561	1		
City/State/ZIP: Bend, (DR. 97708		
Phone: 541-410-1750		Fax:	
E-mail: autocomm001	@yahoo.com	CCB lic. no.:	205253
Electrical lic. no.: 4254	_EA	City or metro	lic.:
Supervising electrician signature, required:	6	ec	
Print name: Tom Edwa	irds		Date: 1/27/19
Authorized signature:	6ce	-	1
Print name:			Date:

		V 10			
PLAN	REVIE	W		ZI HE SI	
Please check all that apply: Service or feeder 400amps or more Fire pump	☐ Bui	rvice or feede ilding over the irinas and bo	ree stories atyards	nps	
☐ Emergency system ☐ Addition of new motor	☐ Floating buildings ☐ Commercial-use agricultural buildings				
load of 100HP or more ☐ Six or more residential units ☐ Health-care facilities	ser	tallation of 150 parately derive	ed system	3	
☐ Hazardous locations	☐ Re	"E," "I-2," "I-3 creational ve			
FEE SO	Qty.	Fee	Total	1.	
Residential single- or multi-fam Includes attached garage			7044	_	
1,000 sq. ft. or less	T	194.64		4	
Ea. add'l 500 sq. ft. or portion		34.77			
Limited energy, residential (with above sq. ft.)		46.42		2	
Limited energy, multi-family residential (with above sq. ft.)		91.72		2	
Services or feeders installation	, altera		relocation		
200 amps or less	-	115.83		2	
201 amps to 400 amps		137.89		2	
401 amps to 600 amps		229.34		2	
601 amps to 1,000 amps		299.93		2	
Over 1,000 amps or volts		690.22		2	
Utility reconnect		91.72		1	
Temporary services or feeders relocation	installa	ition, altera	tion, and/o	r	
200 amps or less	T	91.72		2	
201 amps to 400 amps	T	127.41		2	
401 amps to 600 amps		184.11		2	
601 amps to 1,000 amps	1	225.29		2	
Branch circuits - new, alteratio	n, or ex		r panel		
A. Fee for branch circuits with above service or feeder fee,		4.26	-	2	
each branch circuit B. Fee for branch circuits without service or feeder fee,		81.14		2	
first branch circuit Each add'l branch circuit	+	4.26		+-	
Miscellaneous (service or feede	er not in			_	
Each manufactured or modular	T	T		Ta	
dwelling, service, and/or feeder		91.72		2	
Pump or irrigation circle		91.72		2	
Sign or outline lighting		91.72		2	
Signal circuit(s) or limited-energy panel, afteration, or extension. Describe:	1	91.72		2	
Each additional inspection over allowable in any of the above					
Per inspection		81.14			
Investigation fee	1 10				
Other:					
Electrical permit fees					
SUB	TOTAL			0.00	
Plan review (25%	6 of ne	mit fee)			
State surcharge (12%			1	0,00	
TOTAL	PERI	WIT FEE	+100 -	72	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Number of inspections allowed per permit.
Form B70-1002

REV 10/17

Bx19-0380

City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00076

Approval Code: 01521C 1/25/2019 8:51 am

E-mailed To: omni_electric@hotmail.com

TYPE OF WORK
□ New Construction ☑ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 14643 SW MILLIKAN WAY
City/State/ZIP: BEAVERTON, OR 97006
Suite/bldg./apt.no.:
Project Name: Seasweets
Cross Street/directions to job site:
Tax map/parcel no.: 1S108DA00400
DESCRIPTION OF WORK
Tenant improvement for restaurant
·
APPLICANT
Name: John Kelso
Phone: 5037470805 Fax: 5037470815
Email:
CONTRACTOR
Elec lic. no.: C297 CCB lic. no.: 176615
Business Name: BROTHERS ELECTRIC INC
Contact:
Address: 16670 SW WRIGHT ST
City/State/ZIP: BEAVERTON, OR 97007
Phone: 5037470805 Fax: 5036492709
Email: OMNI_ELECTRIC@HOTMAIL.COM
Email: OMNI_ELECTRIC@HOTMAIL.COM
Email: OMNI_ELECTRIC@HOTMAIL.COM Metro lic. no.: City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN F	REV	IEW .				
Please check all that apply:		Hazaro	ious locatio	ns		
A service or feeder beginning at 400 Amps where the		A service or feeder rated at 600 amps or more				
available fault current exceeds 10,000 Amps at 150 Volts or		Buildings more than three stor				
less to ground exceeds		Marina	s and boat	yards		
14,000 Amps for all other		Floatin	g buildings			
Fire pumps		Comm buildin	ercial-use a gs	gricultural		
Emergency systems		Installation of a 150 KVA or				
Addition of a new motor load of 100 HP or more		_	seperately o	•		
Six or more residential units in		"A", "E", or "I-2" or "I-3" Recreational Vehicle Parks				
one structure		Supply voltage for more than				
Health care facilities	600 supply volts nominal					
FEE SC	HEE	ULE				
Description		Qty.	Ea.	Total		
Branch circuits						
Branch circuits without service or feeder		1	\$81.14	\$81.14		
Branch circuits each additional circuit without service		19	\$4.26	\$80.94		
Electrical Permit Fees						
Subtotal	\perp			\$162.08		
State surcharge (12% of permit total)				\$19.45		
TOTAL PERMIT FEE				\$181.53		



Authorized signature:

Print name:

Electrical Permit Application
City of Beaverton Community Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

		OFFICE	USE ONLY
Date Received:	129	PINE	Permit N 2019 - 6294
Date issued:		the state of	WV -2001 1-0:004
	20	2019	Рауляел Турв:

The state of the s	From District Party 18 and 18 at 17 at 18		10000	Раутелt Ту	ps:		
□ New construction 🛮 Additi	(PE OF WORK) on/alteration/replacement	23. W	Plant	PLAN REV	i Evy	kales.	(e100) - Sign
☐ Other			Please check all that apply Service of feeder 400s	. д 8	ervice or f	seder over over three st	600 amp:
CATEGOR	Y OF CONSTRUCTION	160 N500 0	or more	□ N	larinas ar	nd boatyard	ds
	**************************************	经证据	Fire pump Emergency system		loating bu	ılldings al-use agric	
☑ Multi-family ☐ Meste			Addition of new motor	bi	uildings		
JOB SITE INFO	RMATION AND LOGATION	िक सम्बद्धाः	load of 100HP or more Six or more résidential un		ataliation o sparately d	of 150 KVA o	or larger
	14595 SW Osprey	EMPES	Health-care facilities Hazardous locations	□ -A	,""E,""I-2;	" "I-3" occur	Sancy
	14000 GVV Ospray		F Tiazardous rocarions	∏ Re	ecreations	al vehicle p	ARKE
			Description	A THE PARTY OF	- January and	0.00	K-35X 55
Suite/bldg./apt. no.:	Project name: Overlook at Murray Hill		Residential single-or rout	Uty.	allianus	A-RESTRICTION OF	Dr. Sel To
Cross street/directions to job site:			includes attached garage				22
			1,000 sq. ft. or less Ea, add'l 500 sq. ft. or portion		144,2	- V	
Cult distant			Limited energy, residentia	al	25.7		-
Subdivision:	Lot no.;		(with above sq. ft.) Limited energy, multi-famil	1	34.4	10	
Tax map/parcel no.:			residential (with above sq.	ft.)	67.9	5000	2
PESCR	RTION OF WORK	SECTION AND ADDRESS OF THE PARTY OF THE PART	Services or feeders install	atfon, altera	tion) ទីពថ	or relocat	űbű:
Making corrections to existing wire		STANCES.	200 amps or leas		85.8	_	2
Making corrections to existing win	ng		201 amps to 400 amps 401 amps to 600 amps	_	102.1	+	2
SERISHOUR FRENCH COMMANDER			601 amps to 1,000 amps	-	159.9 222.2		2
PROPERTY OWNER	☐ TENANT	(0)F36/2	Over 1,000 amps or volts		511.3	-	2
Name:	West, and the Mills of the Mills	4000000000	Temporary services or feed	leje inetalja	tionvalte	ration/ani	dor
Address:			relocation 200 amps or leas		67.9		多类品类
City/State/ZIP:			201 amps to 400 amps	-	94.40		. 2
			401 amps to 600 amps		138.40	<u> </u>	2
Phone:	Fex:		Branch circuits - new alter	atton, or ex	tenaloh,	per panel	2.0703
Owner installation: This installation is being massale, lease, rent, or exchange.	ade on property that I own, which is not intended fo	r	A. Fee for branch circuits with above service or feeder fer each branch circuit	h	3.15	T	
Owner signature:	Date:		B. Fee for branch circuits	\neg		<u> </u>	2
19321400487484884			without service or feeder f first branch circuit	e¢,	60.10	1	
M APPLICANT	□ CONTACT PERSON	位70季	Each add'i branch circuit		3.16		_ 2
Business name: Northwest Fire Suppression	on, Inc		Miscellaneous (service or le	eder not iht	(uded)	Low Color	
Contact name: Erin Hedrick			Each manufactured or modula dwelling, service, and/or feeds	IF ap	67.95		2
Address: 1800 NW 169th Place Suite C600			Utility reconnect		67.95	_	1
			Pump or irrigation circle		67.95		2
City/State/ZIP: Beaverton, OR 97006			Sign or outline lighting Signal circuit(s) or limited-ener		167.98		2
Phone: (503) 644-7720	Fax: (503) 644-8289		panel, alteration, or extension.	gy 1	07.05		
-mail: erin@nwfire.com			Describe:	1 ' 1	87.86		
CONT	PACTOR	30303080	Each additional inspection o	Ver/allowals	le in any	of the abo	ove.
usiness name: Northwest Fire Suppressio	THE STATE OF THE PROPERTY OF T		Per inspection		60.10	N-11,4/= g (- 11-22 A,	No. Contraction
			Investigation fee	_	·		
ddress: 1800 NW 169th Place Sulte C600			Other:	Bill molecule services	doimers and		44.0
ity/State/ZIP: Beaverton, OR 97006		-11	ELECTRIC	AL PERMIT	TEES!		
hone: (503) 644-7720	Fax: (503) 644-8289	\dashv			ubtotal		+1
maii: erin@nwffre.com	GCB IIc, no.: 88629	─┤ ├	Plan review (2)				\sqcup
ectrical lic. no.: 34-517CLE	City or metro Ilc.; 2682		State surcharge (12	AL PERMIT		100	12
pervialng electrician gnature, required:	,					Iva.	
7		\Box	This permit application expire 180 days after it has b	DRAD ACCENT	tis not o ed as co	btsined w mplete	ithin
int name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			* Number of Inspections allowed per	permit.		5000 T000 T000 T000 T000	



Electrical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: 1 - 25-19	Permit No.: B2019-035
Date Issued: 1-25-19	Ву: 100
	Payment Type: Visa

☐ New construction	Addition/alteration		lina		ease check all the Service or fee
Ç	ATEGORY OF CO	A PER A SECURITION OF SECURITION AND	7		or more Fire pump
1- and 2-family dwelling Multi-family	☐ Commercial/indu	No. 014 A	Accessory building Other:		
JOB \$	SITE INFORMATION	N AND LOCAT	NOT		
Job no.: Job	address: 147	54 51	w wheaton		Health-care fa Hazardous lo
City/State/ZIP: Requert	on or	9700	1-	187	
Suite/bidg./apt. no.:		roject name:	A		Descrip
			and a second water		sidential singl cludes attache
Cross street/directions to job site:				1,0	100 sq. ft. or les
Subdivision:	Lo	ot no.:		Andrew School Co.	, add'l 500 sq. f
Tax map/parcel no.:					Limited energy (with above sq.
The second secon	DESCRIPTION C	OF WORK		-	Limited energy, residential (with
T.					rvices or feed
update	ground	ling		1,000	0 amps or less
☑ PROPERTY OWN		7	☐ TENANT	20	1 amps to 400 a
		\/ r	Ц пили		1 amps to 600 a
Name: Carea	SCI	weart		erystota and	1 amps to 1,000
Address: 14 754	SW W	heaton	Ln		er 1,000 amps lity reconnect
City/State/ZIP: Real lex	ton, or		707	Te	mporary servi
		C\1C	70.1	rel	ocation
Phone: 503-523 - 6	1770 1	un			0 amps or less 1 amps to 400 a
E-mail:		4			1 amps to 600 a
Owner installation: This installation	n is being made on p	property that I ov	wn, which is not intended for		1 amps to 1,000
sale, lease, rent, or exchange.				Br	anch circuits -
Owner signature:			Date;	A.	Fee for branch above service
☐ APPLICANT		c	CONTACT PERSON		each branch ci
Business name:					Fee for branch without service
Contact name:					first branch circ ch add'l branch
		Samuel Samuel			scellaneous (s
Address:			T The state of the	Ea	ch manufacture
City/State/ZIP:					elling, service, mp or irrigation
Phone:	F	ax:			mp or irrigation on or outline ligi
E-mail:				The second second	gnal circuit(s) or
	CONTRACTO	OR			panel, alteratio extension. Des
Business name: (+3.)) Elect	nc			ch additional i
Address: PO BOX	330	grayanin germakkan	. Combined to the combined	C-0.00	er allowable il ove
City/State/ZIP: Forest	despression and the second second second	OP 97	-110		rinspection
Phone: 503-354-580	0010	ax:	and the second s		vestigation fee
	alast C	CB lic. no.:	959		her: G100
E-mail: /// Electrical lic. no.: 45495	TIRCTAL . CUM	Sity or metro lic.:			
Supervising electrician signature, required:	Bielos	mel	Chai agaz		Pla
Print name: Richard	McElliot	+	Date: 1/24/20	19	State s
Authorized signature:					ie namit and
			Dolla:		ils permit appl 180 days
Print name:		Action to the second	Date:	• 1	lumber of inspecti

	100000000000000000000000000000000000000	And the base	All the second second	12 17 1		
PLAN	REVIEW	V	THE RESERVE	of and a		
Please check all that apply:	THE STATE OF	Carlotte Same	rover 600 an	ips		
☐ Service or feeder 400amps			hree stories	•		
or more		inas and b				
☐ Fire pump		iting buildir				
☐ Emergency system						
Addition of new motor load of 100HP or more	20 000		0 KVA or larg	ne		
☐ Six or more residential units		arately deriv		ei		
☐ Health-care facilities			3" occupancy			
☐ Hazardous locations	☐ Rec	reational v	ehicle parks	is a second		
FEE S	CHEDUL	.E				
Description	Qty.	Fee	Total			
Residential single- or multi-fam Includes attached garage	ily dwel	ling unit				
1,000 sq. ft. or less	1	168.52	-	4		
Ea. add'l 500 sq. ft, or portion		30.10		-		
Limited energy, residential		Personal Property and	the state of the	0/85,103		
(with above sq. ft.)		40.19		2		
Limited energy, multi-family residential (with above sq. ft.)		79.41		2		
Services or feeders installation	, alterati	ion, and/o	relocation			
200 amps or less		100.28		2		
201 amps to 400 amps		119.38	Ino. 69	2		
401 amps to 600 amps		198.56		2		
601 amps to 1,000 amps	+	259.68	-	2		
	-	597.59		2		
Over 1,000 amps or volts		79.41		1		
Utility reconnect Temporary services or feeders	inetallat		tion and/or			
relocation	mstana	ou, aitera	idon, andor			
200 amps or less		79.41		2		
201 amps to 400 amps		110.31		2		
401 amps to 600 amps		159.40		2		
601 amps to 1,000 amps		195.05		2		
Branch circuits - new, alteration	n orex		er nanel			
A. Fee for branch circuits with	7			1		
above service or feeder fee,		3.69				
each branch circuit		1000		2		
B. Fee for branch circuits without service or feeder fee, first branch circuit		70.25		2		
Each add'l branch circuit		3,69		-		
Miscellaneous (service or feed	er not in	1		-		
Each manufactured or modular	1	1		Τ.		
dwelling, service, and/or feeder		79.41		2		
Pump or irrigation circle		79.41	100000	2		
Sign or outline lighting		79.41		2		
Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:		79.41		2		
Each additional inspection over allowable in any of the above						
Per inspection		70.25				
Investigation fee						
Other: Groundina	11					
Electrical permit fees	,					
	TOTAL		0.00			
Plan review (25%		mit fee)		25.		
State surcharge (129			0.00	1203		
			190.88	d		
IOIA	- 1 -101		Y 10.00			

lication expires if a permit is not obtained within s after it has been accepted as complete

ions allowed per permit. REV 10/15

Form 870-1002

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

6 2019 - 0332 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00069

Approval Code: 904202 1/24/2019 7:20 am

F-mailed To: kandice@nwsteele.com

□ *****	ancu		21101000	wateele.cc		
PLAN	REVI	EW				
Please check all that apply:		Hazard	ous location	S		
A service or feeder beginning at 400 Amps where the			ce or feeder nps or more	rated at		
available fault current exceeds 10.000 Amos at 150 Volts or		Buildin	gs more thar	three stor		
less to ground exceeds		Marina	s and boat y	ards		
14,000 Amps for all other		Floatin	g buildings			
Fire pumps		Comm	ercial-use ag gs	ricultural		
Emergency systems	_		tion of a 150			
Addition of a new motor load of 100 HP or more		•	seperately de	•		
Six or more residential units in	_	"A", "E", or "I-2" or "I-3"				
one structure	_	Recreational Vehicle Parks Supply voltage for more than				
Health care facilities			voltage for i pply volts no			
FEE SO	CHEDI	ULE				
Description		Qty.	Ea.	Total		
Services or feeders						
Services 200 amps or less		1	\$115,83	\$115.		
Electrical Permit Fees						
Subtotal				\$115.		
				\$13.		
State surcharge (12% of permit total)						

TYPE OF WORK
New Construction Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family X Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 8070 SW CIRRUS DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 14C
Cross Street/directions to job site:
Tax map/parcel no.: 1S127AA00700
DESCRIPTION OF WORK
Panel replacement
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

Beaverton Phone: 503-626-2542

Beaverton Phone: 503-626-2542

B 2019-0343 Commercial Electrical Authorization To Begin Work 05350-BEL-19-00071

PLAN REVIEW

Approval Code: 904285 1/24/2019 7:58 am

E-mailed To: kandice@nwsteele.com

TYPE OF WORK
☐ New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 7853 SW CIRRUS DR
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 24C
Cross Street/directions to job site:
Tax map/parcel no.: 1S122DD00300
DESCRIPTION OF WORK
Panel Replacement
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.: City lic. no.:
Supervising Electrician's (ic. no.:
Supervising Electrician's Name:
Number of Inspections Included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxed
within	one bus	iness	day, with i	nstrı	uctions	on ho	w to schedule	your i	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Please check all that apply:	☐ Ha	zardous locatio	ons				
A service or feeder beginning at 400 Amps where the	_	ervice or feede Damps or more					
available fault current exceeds 10,000 Amps at 150 Volts or	Buildings more than three stor						
less to ground exceeds	☐ Marinas and boat yards☐ Floating buildings						
14,000 Amps for all other Fire pumps							
	Bernard.	Commercial-use agricultural buildings					
Emergency systems	-	Installation of a 150 KVA or					
Addition of a new motor load of 100 HP or more		larger seperately derived sys					
Six or more residential units in		', "E", or "I-2" o					
one structure		creational Veh	•				
Health care facilities		Supply voltage for more than 600 supply volts nominal					
FEE SC	CHEDUL	.E					
Description	Qty	/. Ea.	Total				
Services or feeders							
Services 200 amps or less	1	\$115.83	\$115.83				
Electrical Permit Fees							
Subtotal			\$115.83				
State surcharge (12% of permit total)			\$13.90				
			\$129.73				

Commercial Electrical Authorization To Begin Work

05350-BEL-19-00070

Approval Code: 904242 1/24/2019 7:24 am

E-mailed To: kandice@nwsteele.com

PLAN REVIEW

	City Of Beaverton
	12725 SW Milikan Way
	Beaverton, OR 97076
ton	Phone: 503-526-2542
***	Firstly and desired 6b and demand and and

New Construction	Addition/alteration/replacement
	DF GONSTRUCTION mily
1 or 2 family dwelling Multi-fam	· —
	IATION AND LOCATION
Job Address: 8080 SW CIRRUS DR	
City/State/ZIP: BEAVERTON, OR 97008	
Suite/bldg./apt.no.:	
Project Name: 170910 14D	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S127AA00700	
DESCRIP	TION OF WORK
Panel Replacement	
Δ.Ρ.	PLICANT
Name: Kandice Brown	
Phone: 5032681311	Fax: 5033726448
	1 dx. 0000720440
Email:	TRACTOR
Elec lic. no.: C489	CCB lic. no.: 186140
	CCB IIC. IID 100140
Business Name: STEELE ELECTRIC LLC	
Contact:	
Address: 716 Roxe Drive	
City/State/ZIP: FOREST GROVE, OR 9711	16
Phone: 5032681311	Fax: 5033726448
Email: dan@nwsteele.com	
Metro lic. no.:	City lic. no.:
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid set Residential Service: 4 Reconnect Only: 1 All Other Services: 2	rvices:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Please check all that apply:	☐ Hazard	dous location	IS											
A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other	A service or feeder rated at 600 amps or more Buildings more than three stor Marinas and boat yards													
								Floating buildings						
								Fire pumps	Commercial-use agricultural buildings					
	Emergency systems	☐ Installa	ation of a 150) KVA or										
Addition of a new motor load	larger	seperately d	erived sys											
of 100 HP or more Six or more residential units in one structure	"A", "E", or "I-2" or "I-3" Recreational Vehicle Parks Supply voltage for more than 600 supply volts nominal													
							Health care facilities							
FEESC							HEDULE							
Description	Qty.	Ea.	Total '											
Services or feeders														
Services 200 amps or less	1	\$115.83	\$115.83											
Electrical Permit Fees														
Subtotal			\$115.83											
			\$13.90											
State surcharge (12% of permit total)														

12725 SW Milikan Way Beaverton, OR 97076 ton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

2019-0348

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00075

Approval Code: 024611 1/24/2019 3:27 pm

PLAN REVIEW

E-mailed To: info@multiphaseelectric.com

Hazardous locations

A service or feeder rated at

600 amps or more

TYPE OF WORK	PL
New Construction Addition/alteration/repla	cement Please check all that apply:
CATEGORY OF CONSTRUCTION 1 or 2 family dwelling Multi-family Commercial Acce JOB SITE INFORMATION AND LOCATION Job Address: 15290 SW MILLIKAN WAY	A service or feeder beginning at 400 Amps where the available fault current exceed 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
City/State/ZIP: BEAVERTON, OR 97006	Fire pumps Emergency systems
Suite/bldg./apt.no.: Project Name:	Addition of a new motor load of 100 HP or more
Cross Street/directions to job site:	Six or more residential units i one structure
Tax map/parcel no.: 1S1080000113	Health care facilities
DESCRIPTION OF WORK	FEE
Install Microwave circuit	Description
Install Microwave Groun	Branch circuits
	Branch circuits without service or feeder
APPLICANT	Electrical Permit Fees
Name: Multiphase Electric	Subtotal
Phone: 5039081593 Fax: 5039081628	State surcharge (12% of permit total)
Email:	TOTAL PERMIT FEE
CONTRACTOR	
Elec lic. no.: C5 CCB lic. no.: 162827	
Business Name: MULTIPHASE ELECTRIC LLC	
Contact:	
Address: PO BOX 1416	
City/State/ZIP: OREGON CITY, OR 97045	
Phone: 5039081593 Fax: 5039081628	
Email: info@multiphaseelectric.com	
Metro lic. no.: City lic. no.:	
Supervising Electrician's lic. no.:	·
Supervising Electrician's Name:	
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

available fault current exceeds 10,000 Amps at 150 Volts or	☐ Build	dings more tha	n three stor				
less to ground exceeds	☐ Marinas and boat yards☐ Floating buildings☐ Commercial-use agricultural buildings						
14,000 Amps for all other							
Fire pumps							
Emergency systems	☐ Insta	allation of a 15	0 KVA or				
Addition of a new motor load	larg	er seperately o					
of 100 HP or more	☐ 'A'.	"A", "E", or "I-2" or "I-3"					
Six or more residential units in one structure	Rec	reational Vehic	cle Parks				
Health care facilities		ply voltage for supply volts n					
FEE S(CHEDULI	2					
FEE SC Description	City.	T	Total				
	Bergangga sasaning asyang asy	T	Total				
Description	Bergangga sasaning asyang asy	T					
Description Branch circuits Branch circuits without service or	Qty.	Ea.					
Description Branch circuits Branch circuits without service or feeder	Qty.	Ea.	\$81.14				
Description Branch circuits Branch circuits without service or feeder Electrical Permit Fees	Qty.	Ea.	Total \$81.14 \$81.14 \$9.74				

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542

R E G N Email: cunderwood@beavertonoregon.gov

B2019-0330

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00067

Approval Code: 713292 1/23/2019 3:29 pm

E-mailed To: kandice@nwsteele.com

TYPE OF WORK
☐ New Construction ☐ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
☐ 1 or 2 family dwelling ☐ Multi-family ☒ Commercial ☐ Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 9275 SW CIRRUS DR. 7953 SW NIM 545
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910
Cross Street/directions to job site:
Tax map/parcel no.: 1S127AB01300
DESCRIPTION OF WORK
Panel Replacement
Correct address would not come up. 7333 SW Nimbus Ave, Beaverton
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN	REV	IEW						
Please check all that apply:		Hazard	dous location	s				
A service or feeder beginning at 400 Amps where the		A service or feeder rated at 600 amps or more						
available fault current exceeds 10,000 Amps at 150 Volts or			gs more thar					
less to ground exceeds 14,000 Amps for all other		☐ Marinas and boat yards☐ Floating buildings						
Fire pumps		Comm buildin	ercial-use ag gs	ricultural				
☐ Emergency systems ☐ Addition of a new motor load		Installation of a 150 KVA or larger seperately derived sys						
of 100 HP or more Six or more residential units in one structure		"A", "E	", or "I-2" or "I-3"					
		Recreational Vehicle Parks						
Health care facilities		Supply voltage for more than 600 supply volts nominal						
FEE SO	CHEC	ULE						
Description		Qty.	Ea.	Total				
Services or feeders								
Services 200 amps or less		1	\$115.83	\$115.83				
Electrical Permit Fees								
Subtotal			7	\$115.83				
State surcharge (12% of permit total)				\$13.90				
TOTAL PERMIT FEE				\$129.73				

12725 SW Milikan Way Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Beaverton, OR 97076

B 2019-0326

Approval Code: 713242 1/23/2019 3:24 pm

E-mailed To: kandice@nwsteele.com

Commercial Electrical	Authorization To Begin Work
	05350-BEL-19-00066

TYPE OF WORK
☐ New Construction ☐ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address 7937 SW Nimbus
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910
Cross Street/directions to job site:
Tax map/parcel no.: 1S127AB01300
DESCRIPTION OF WORK
Panel replacement
** The correct address would not come up ** 7937 SW Nimbus Ave, Beaverton
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax:
Email:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

PLAN I	REVI	EW					
Please check all that apply:		Hazard	dous location	s			
A service or feeder beginning at 400 Amps where the			ice or feeder nps or more	rated at			
available fault current exceeds 10,000 Amps at 150 Volts or		Buildin	ngs more thar	n three stor			
less to ground exceeds 14,000 Amps for all other		Marina	as and boat y	ards			
14,000 Amps for all other		Floatin	ng buildings	Marin Carlo agent			
Fire pumps	. 🔲	Comm	ercial-use ag gs	gricultural			
Emergency systems		Installation of a 150 KVA or					
Addition of a new motor load of 100 HP or more		larger seperately derived sys					
Six or more residential units in		"A", "E", or "I-2" or "I-3" Recreational Vehicle Parks					
one structure	H						
Health care facilities	Ш	Supply voltage for more than 600 supply volts nominal					
FEE SC	HED	ULE					
Description		Qty.	Ea.	Total			
Services or feeders							
Services 200 amps or less		1	\$115.83	\$115.83			
Electrical Permit Fees							
Subtotal				\$115.83			
State surcharge (12% of permit total)				\$13.90			
TOTAL PERMIT FEE				\$129.73			

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

B2019-0327 Commercial Electrical Authorization To Begin Work

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

R Email: cunderwood@beavertonoregon.gov

05350-BEL-19-00065

Hazardous locations

Please check all that apply:

A service or feeder beginning

at 400 Amps where the

PLAN REVIEW

Approval Code: 713251 1/23/2019 3:15 pm

E-mailed To: kandice@nwsteele.com

A service or feeder rated at

600 amps or more

TYPE OF WORK
□ New Construction ☑ Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 7909 SW NIMBUS AVE
City/State/ZIP: BEAVERTON, OR 97008
Suite/bldg./apt.no.:
Project Name: 170910 28H
Cross Street/directions to job site:
Tax map/parcel no.: 1S122DD00300
DESCRIPTION OF WORK
Panel Replacement
APPLICANT
Name: Kandice Brown
Phone: 5032681311 Fax: 5033726448
Emall:
CONTRACTOR
Elec lic. no.: C489 CCB lic. no.: 186140
Business Name: STEELE ELECTRIC LLC
Contact:
Address: 716 Roxe Drive
City/State/ZIP: FOREST GROVE, OR 97116
Phone: 5032681311 Fax: 5033726448
Email: dan@nwsteele.com
Metro IIc. no.: City Iic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of Inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxed
within	one bus	iness	day, with i	nstri	uctions	on ho	w to schedule	your i	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

at 400 Amps where the								
available fault current exceeds 10,000 Amps at 150 Volts or		Buildin	gs more that	n three stor				
less to ground exceeds		Marina	is and boat y	ards				
14,000 Amps for all other		Floatin	g buildings					
Fire pumps		Commercial-use agricultural buildings						
Emergency systems		Installa	ation of a 150	KVA or				
Addition of a new motor load of 100 HP or more		larger	seperately de	erived sys				
_		"A", "E", or "I-2" or "I-3"						
Six or more residential units in one structure		Recreational Vehicle Parks						
Health care facilities			voltage for i					
		000 30	, p					
FEESO	CHEC	110000000000000000000000000000000000000						
FEE SG	CHEC	110000000000000000000000000000000000000	Ea.	Total				
	HEC	ULE	I I	Total				
Description	SHED	ULE	I I					
Description Services or feeders	CHEC	Qty.	Ea.					
Description Services or feeders Services 200 amps or less		Qty.	Ea.	\$115.83				
Description Services or feeders Services 200 amps or less Electrical Permit Fees	CHEC	Qty.	Ea.	Total \$115.83 \$115.83 \$13.90				

City Of Beaverton

eaverton Phone: 503-526-2542

12725 SW Milikan Way Beaverton, OR 97076

Email: cunderwood@beavertonoregon.gov

Commercial Electrical Authorization To Begin Work 05350-BEL-18-01276

PLAN REVIEW

Approval Code: 08755G 12/31/2018 11:06 am

E-mailed To: ron@brightstarpdx.com

A service or feeder rated at

Buildings more than three stor

Hazardous locations

600 amps or more

Marinas and boat yards

TYPE OF WORK	PL/
☐ New Construction ☐ Addition/alteration/replacement	Please check all that apply:
CATEGORY OF CONSTRUCTION 1 or 2 family dwelling Multi-family Commercial Accessory JOB SITE INFORMATION AND LOCATION Job Address: 9300 SW GEMINI DR	A service or feeder beginning at 400 Amps where the available fault current exceed 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
City/State/ZIP: BEAVERTON, OR 97008	Fire pumps
Suite/bidg./apt.no.:	Emergency systems
Project Name:	Addition of a new motor load of 100 HP or more
Cross Street/directions to job site:	Six or more residential units in one structure
Tax map/parcel no.: 1S127DB00201	Health care facilities
DESCRIPTION OF WORK	FEE
(1) LV Circuit for Fire Alarm devices	Description Miscellaneous
	Signal circuit(s) or limited-energy panel, alteration, or extension
APPLICANT	Subtotal
Name: Ronald Mitar	State surcharge (12% of permit
Phone: 9719988459 Fax:	total)
Email:	TOTAL PERMIT FEE
CONTRACTOR	
Elec lic. no.: C1076 CCB lic. no.: 205016	
Business Name: BRIGHT STAR ELECTRIC COMPANY	
Contact:	
Address: 3143 SW 22ND ST	
City/State/ZIP: GRESHAM, OR 97080	
Phone: 9719988459 Fax:	
Email: MINARCIS@YAHOO.COM	
Metro lic. no.:	
Supervising Electrician's lic. no.:	
Supervising Electrician's Name:	
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

14,000 Amps for all other		Floatin	g buildings			
Fire pumps		Comm buildin	ercial-use a gs	gricultural		
Emergency systems Addition of a new motor load			ation of a 15 seperately o			
of 100 HP or more		"A", "E	", or "l-2" o	· "I~3"		
Six or more residential units in one structure		Recrea	ational Vehi	le Parks		
Health care facilities		Supply voltage for more than 600 supply volts nominal				
FEE SC	SHE	DULE				
Description		Qty.	Ea.	Total		
Miscellaneous	1000					
visceilaneous		SALASTA TRA	Carry 12, 279 (12, 25, 25, 27, 27, 27, 27, 27, 27, 27, 27, 27, 27			
Signal circuit(s) or limited-energy panel, alteration, or extension		1	\$91.72	\$91.7		
Signal circuit(s) or limited-energy		1	\$91.72	\$91.7		
Signal circuit(s) or limited-energy panel, alteration, or extension		1	\$91.72	\$91.7 \$91.		
Signal circuit(s) or limited-energy panel, alteration, or extension Electrical Permit Fees		1	\$91.72	•		

City Of Beaverton

Commercial Electrical Authorization To Begin Work 05350-BEL-19-00074

PLAN REVIEW

FEE SCHEDULE

Qty.

2

Please check all that apply:

A service or feeder beginning at 400 Amps where the

available fault current exceeds

10,000 Amps at 150 Volts or

less to ground exceeds 14,000 Amps for all other

Addition of a new motor load

Six or more residential units in

Signal circuit(s) or limited-energy

panel, alteration, or extension Electrical Permit Fees

State surcharge (12% of permit

TOTAL PERMIT FEE

Fire pumps

Emergency systems

of 100 HP or more

one structure

Description

Subtotal

total)

Miscellaneous

Health care facilities

Approval Code: 06446G 1/24/2019 12:42 pm

Hazardous locations

600 amps or more

Marinas and boat yards

Floating buildings

buildings

A service or feeder rated at

Buildings more than three stor

Commercial-use agricultural

larger seperately derived sys

Supply voltage for more than

Installation of a 150 KVA or

Recreational Vehicle Parks

600 supply volts nominal

Ea.

\$91.72

Total

\$183.44

\$183.44

\$22.01

\$205.45

"A", "E", or "I-2" or "I-3"

E-mailed To: pgauntlett@countryside-electric.com

TYPE OF WORK
New Construction X Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1 cr 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 8725 SW HALL BLVD
City/State/ZIP: BEAVERTON, OR 97223
Suite/bldg./apt.no.:
Project Name:
Cross Street/directions to job site:
Tax map/parcel no.: 1S126BC01100
DESCRIPTION OF WORK
Low voltage and camera system
·
APPLICANT
Name: Philip Gauntlett
Phone: 5419746415 Fax:
Email:
CONTRACTOR
Elec lic. no.: C780 CCB lic. no.: 194719
Business Name: COUNTRYSIDE ELECTRIC INC
Contact:
Address: PO BOX 395
City/State/ZIP: TURNER, OR 97392
Phone: 5419746415 Fax:
Email: pgauntlett@countryside-electric.com
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

1													-		
	Upon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxed
	within	one bus	iness	day, with i	nstr	uctions	on ho	w to schedule	your i	nspectio	on.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if It does not meet applicable land use laws and local ordinances.

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work must be posted at the job site until replaced by a Permit

City Of Beaverton

Residential Electrical Authorization To Begin Work 05350-BEL-19-00068

Approval Code: 024418 1/24/2019 6:44 am

E-mailed To: james.electech@hotmail.com

	12725 SW Milikan Way
	Beaverton, OR 97076
1	Phone: 503-526-2542
Ν	Email: cunderwood@beavertonoregon.gov

TYPE OF WORK
New Construction Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
☐ 1 or 2 family dwelling ☐ Multi-family ☐ Commercial ☐ Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 16600 SW TIMBERLAND DR
City/State/ZIP: BEAVERTON, OR 97007
Suite/bidg./apt.no.:
Project Name: albers
Cross Street/directions to job site:
Tax map/parcel no.: 1S119AD11600
DESCRIPTION OF WORK
kitchen remodel project
APPLICANT
Name: James Johnson
Phone: 5039704072 Fax: 5032546643
Email:
CONTRACTOR
Elec lic. no.: C377 CCB lic. no.: 168260
Business Name: ELECTECH LIGHTING & ELECTRIC INC
Contact:
Address: 465 NE 181ST #189
City/State/ZIP: PORTLAND, OR 97230
Phone: 508416410 Fax: 5032546643
Email: JAMES.ELECTECH@HOTMAIL.COM
Metro lic. no.: City lic. no.:
Supervising Electrician's lic. no.:
Supervising Electrician's Name:
Number of inspections included in paid services: Residential Service: 4 Reconnect Only: 1 All Other Services: 2

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

PLAN	REVIE	ΞW			
Please check all that apply:		Hazardous locations			
A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other Fire pumps Emergency systems Addition of a new motor load of 100 HP or more Six or more residential units in one structure		A service or feeder rated at 600 amps or more			
		Buildings more than three stor			
	<u> </u>	Marinas and boat yards			
		Floating buildings			
	Commercial-use agricultural buildings				
		☐ Installation of a 150 KVA or			
		larger seperately derived sys "A", "E", or "I-2" or "I-3" Recreational Vehicle Parks			
Health care facilities	Supply voltage for more than 600 supply volts nominal				
FEE SC	HEDU	JLE			
Description	(ગ્રેty.	Ea.	Total	
Branch circuits					
Branch circuits without service or feeder		1	\$81.14	\$81.14	
Branch circuits each additional circuit without service		2	\$4.26	\$8.52	
Electrical Permit Fees					
Subtotal				\$89.66	
State surcharge (12% of permit total)				\$10.76	
TOTAL PERMIT FEE	ŀ			\$100.42	